

Name
in
Full

Measy store Alexanderworth

CERTIFICATE OF DEATH

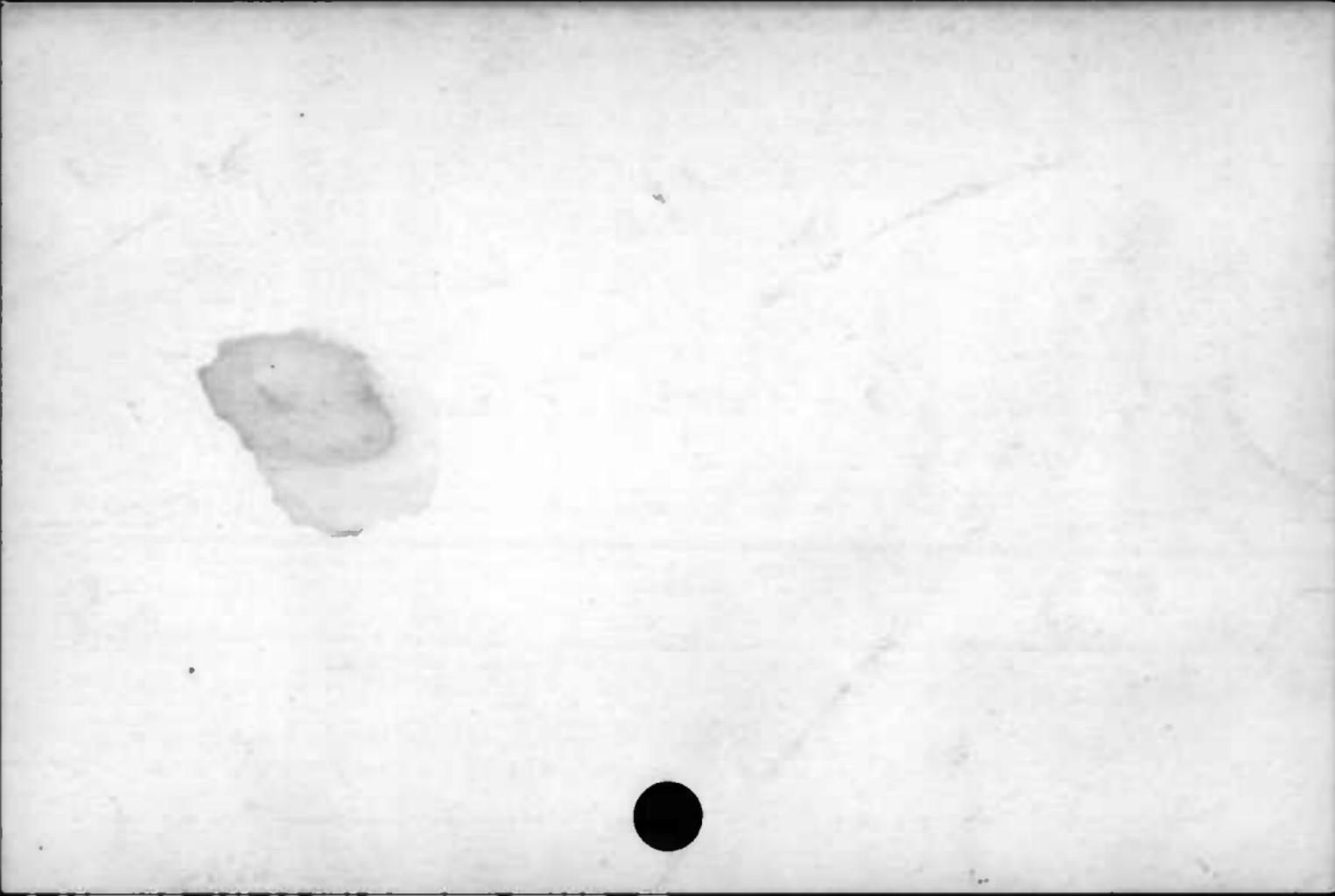
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1903	Month 8	Day 8	Years —	Months 7	Days
Sex Male	Color or Race white	Occupation Infat			
Married, Single or Widowed —					
Name of Wife or Husband					
Father's Name Julian Alexanderworth	Father's Birthplace Russia				
Mother's Maiden Name Annie	Mother's Birthplace Russia				
Name of person giving information Gus Alexander	How related to deceased Brother				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary cholera infantum	105	How long 1 week
Immediate Convulsions		How long
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician John Robertson M.D.	Address Brooklyn Md
Accident or Suicide? No		



Name
in
Full

Benjamin G. Bevan

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	Annapolis		County	Anne Arundel	
Date of death	Month	Day	Age	Years	Months	Days
1903	8	16	57		11	
Sex	Male	Color or Race	White	Occupation	Fireman	
Married, Single or Widowed	Married					
Name of Wife or Husband	Eliza Bevan					
Father's Name	John T. Bevan			Father's Birthplace		
Mother's Maiden Name	Eloise Elles			Mother's Birthplace		
Name of person giving information	Horace - Bevan			How related to deceased		
Son						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Diabetes Mellitus 50

How long

Two years

Immediate

Bronchitis

How long

Two days

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

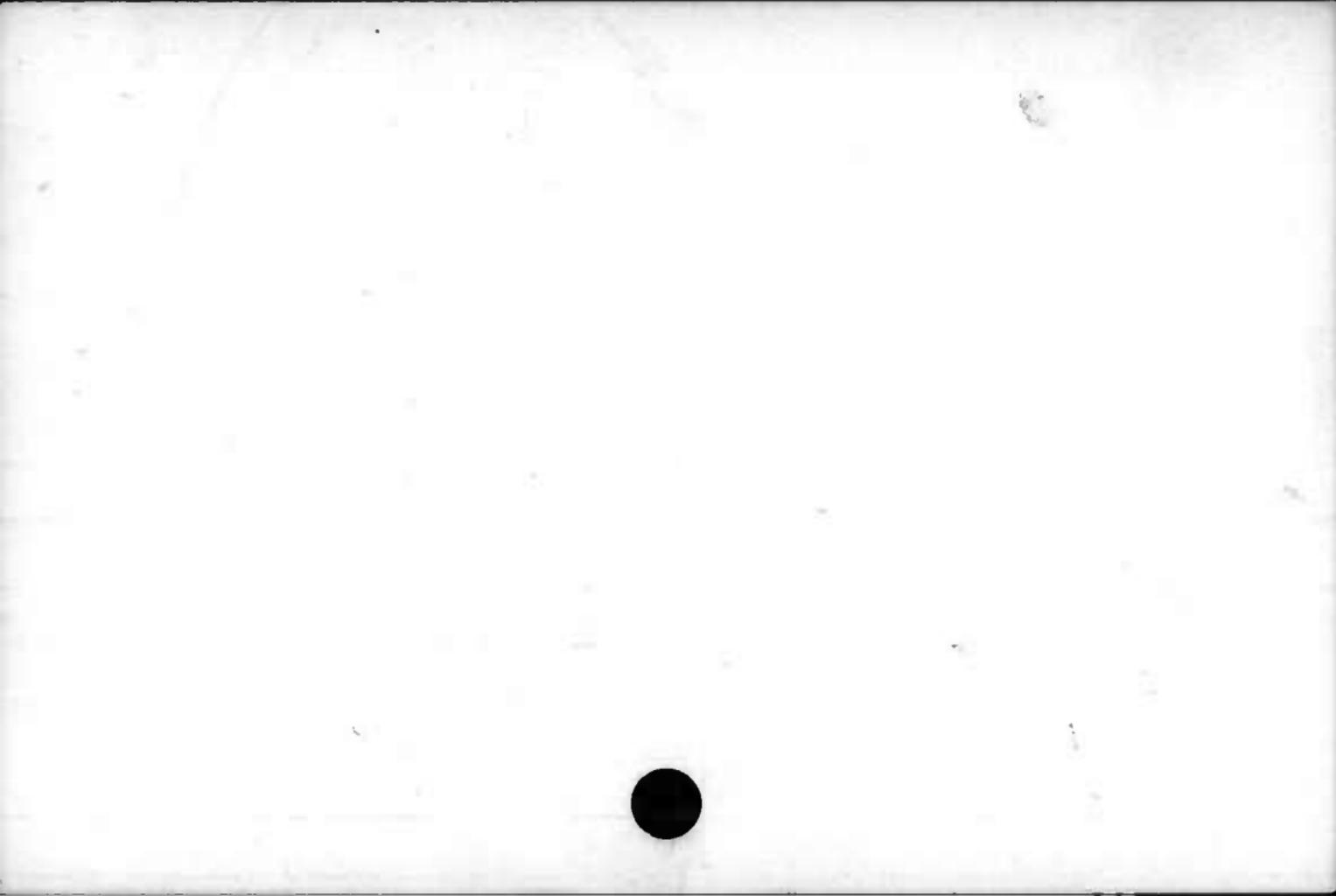
Address

Geo. Wells.

Annapolis,
Maryland.

Yes No

Accident or Suicide?



Name
in
Full

Caroline S Bulman

CERTIFICATE OF DEATH

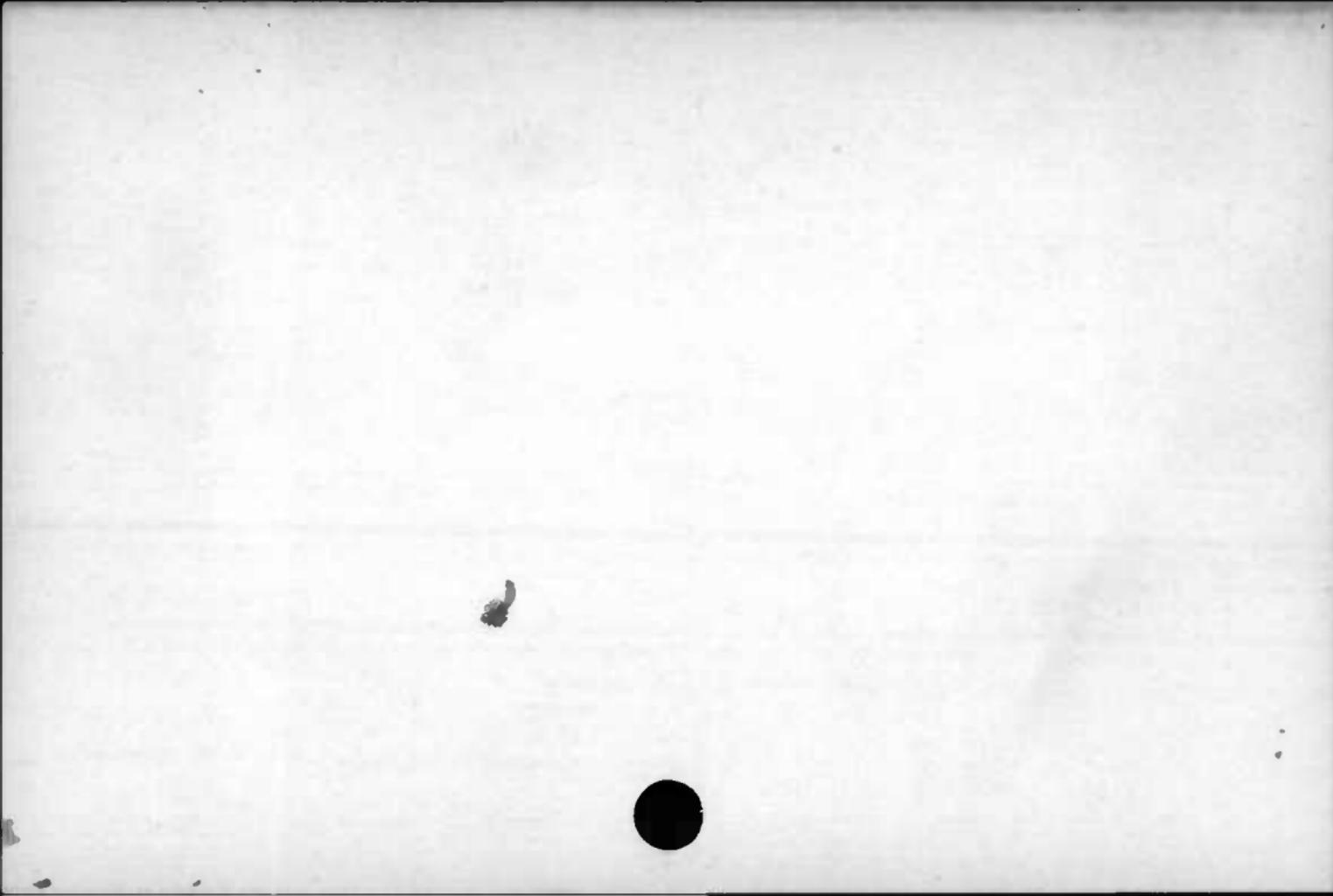
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1903	Month Aug	Day 2	Years 1	Months 2	Days
Sex Female	Color or Race White	Occupation	Brooklyn		
Married, Single or Widowed	Single	Wife's name			
Name of Wife or Husband					
Father's Name	Clinton Dickinson				
Mother's Maiden Name	Catharine Gruber				
Name of person giving information	J B Rotman				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pratosis	8	How long	Grues
Immediate	Ocute meningitis		How long	2 hours
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	J B Rotman Brooklyn, N.Y.	
		Address		
Accident or Suicide?				



Name
in
Full

Lorenza D Bosman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND			
Date of death 1903	Month	Day 29 th	Years	Months	Days	
Sex	Color or Race	Age	35			
Married, Single or Widowed	Occupation	Single Mate of dredge				
Name of Wife or Husband						
Father's Name		Father's Birthplace				
Mother's Maiden Name		Mother's Birthplace				
Name of person giving Information	Lewis G. Ferguson					How related to deceased

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary How long

Immediate Drowned 197 How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

John N Davis

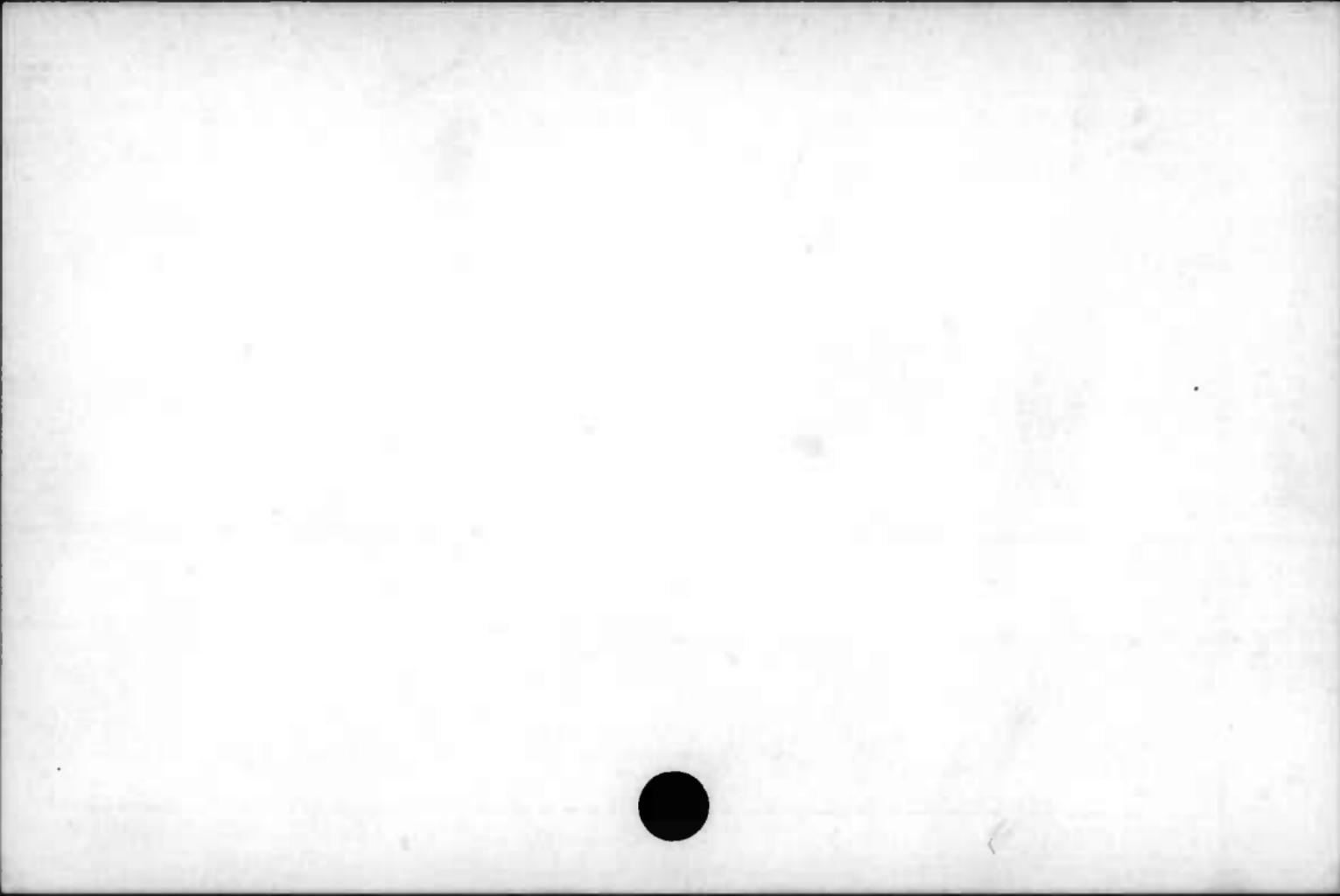
yes

Address

Annapolis Md

Accident or Suicide? Accident

Carnage



Name
in
Full

George Brewer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death 1903	Month	Day	Years	Months Days
August 8 th		Age	7	
Sex	Color or Race	Occupation	Birth-place	City
Male	colored			
Married, Single or Widowed				
Name of Wife or Husband				
Father's Name	Nathan Brewer		Father's Birthplace	Atles.
Mother's Maiden Name	Ida Parker		Mother's Birthplace	Atles.
Name of person giving Information	Mother		How related to deceased	

CAUSES OF DEATH

Primary	Marasmus + exhaustion	How long	Months
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician		
Yes	Address		
Accident or Suicide?			



Name
in
Full

Arthur E Brooks

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

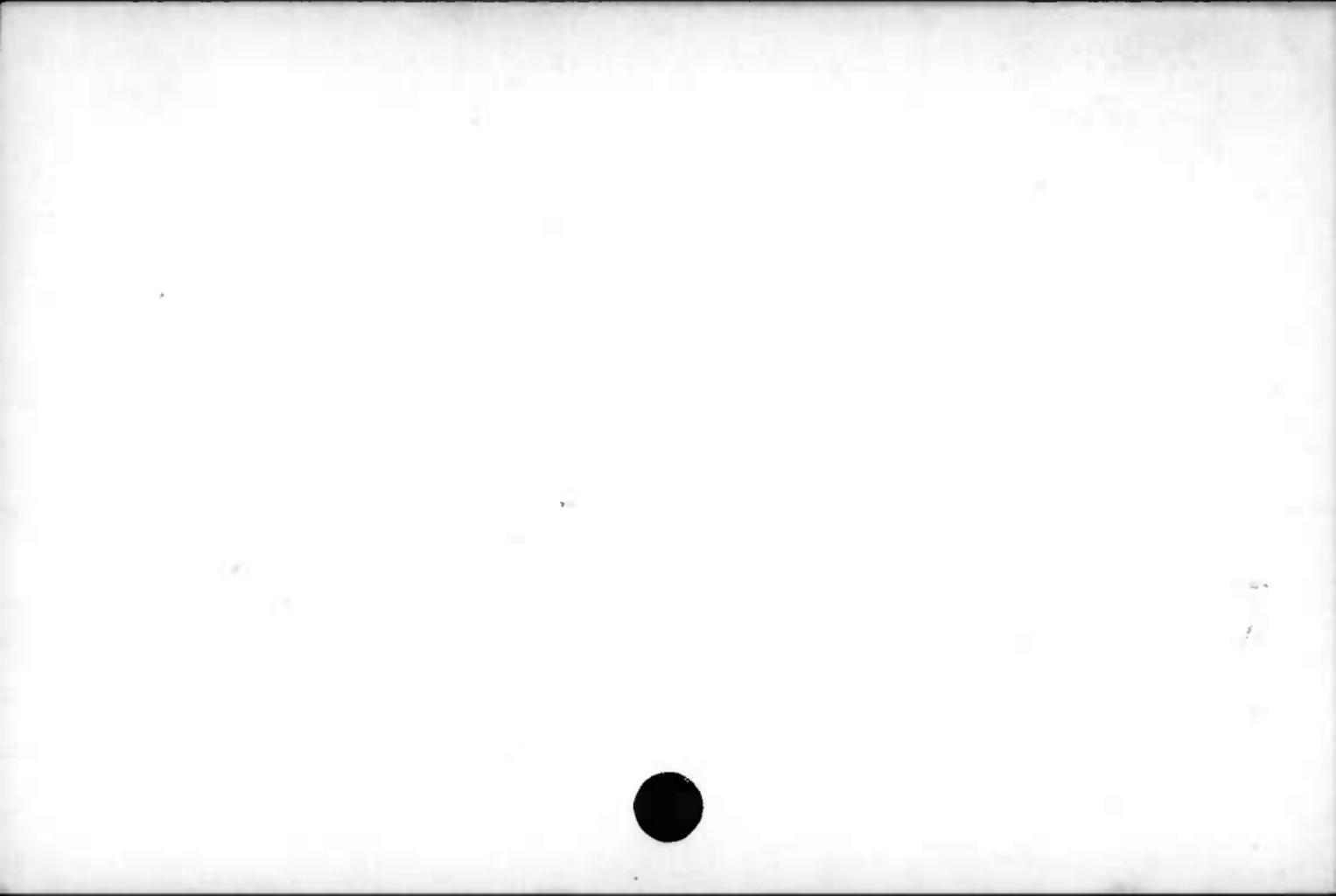
Died at	Town	County	MARYLAND
Date of death	Month	Year	Days
1903	Aug.	14	—
Sex	Color or Race	Age	Months
Male	Black	2	8
Occupation	Where Residing if not place of death	Brooklyn, Md.	
Married, Single or Widowed	Name of Wife or Husband	—	
Father's Name	Bartt. Brooks	Father's Birthplace	Balto, Md.
Mother's Maiden Name	Lillie Brooks	Mother's Birthplace	Brooklyn, Md.
Name of person giving information	Wm St Brooks	How related to deceased	Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Whooping Cough	8	How long	2 months
Immediate	Chronic Bronchitis	8	How long	3 months
Are the name, age, sex, color, date and place correctly given above?	yes			
	Signature of Physician			
	Address			

Accident or Suicide?



Name
in
Full

Sarah Brown

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town Died at	Baltimore City		County	MARYLAND	
Date of death 190	Month 3 August	Day 30	Age 62	Months	Days
Sex Female	Color or Race colored	Occupation House-wife		Birth- place At home	
Married, Single or Widowed Married	Name of Wife Husband Charles Brown		Father's Name Charles Colvert		Father's Birthplace At home
Mother's Maiden Name Minnie Colvert			Mother's Name Minnie Colvert		Mother's Birthplace At home
Name of person giving Information Son			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Valvular Disease
of the Heart

How long.
79

Three
months

Immediate

Are the name, age, sex, color, date
and place correctly given above?

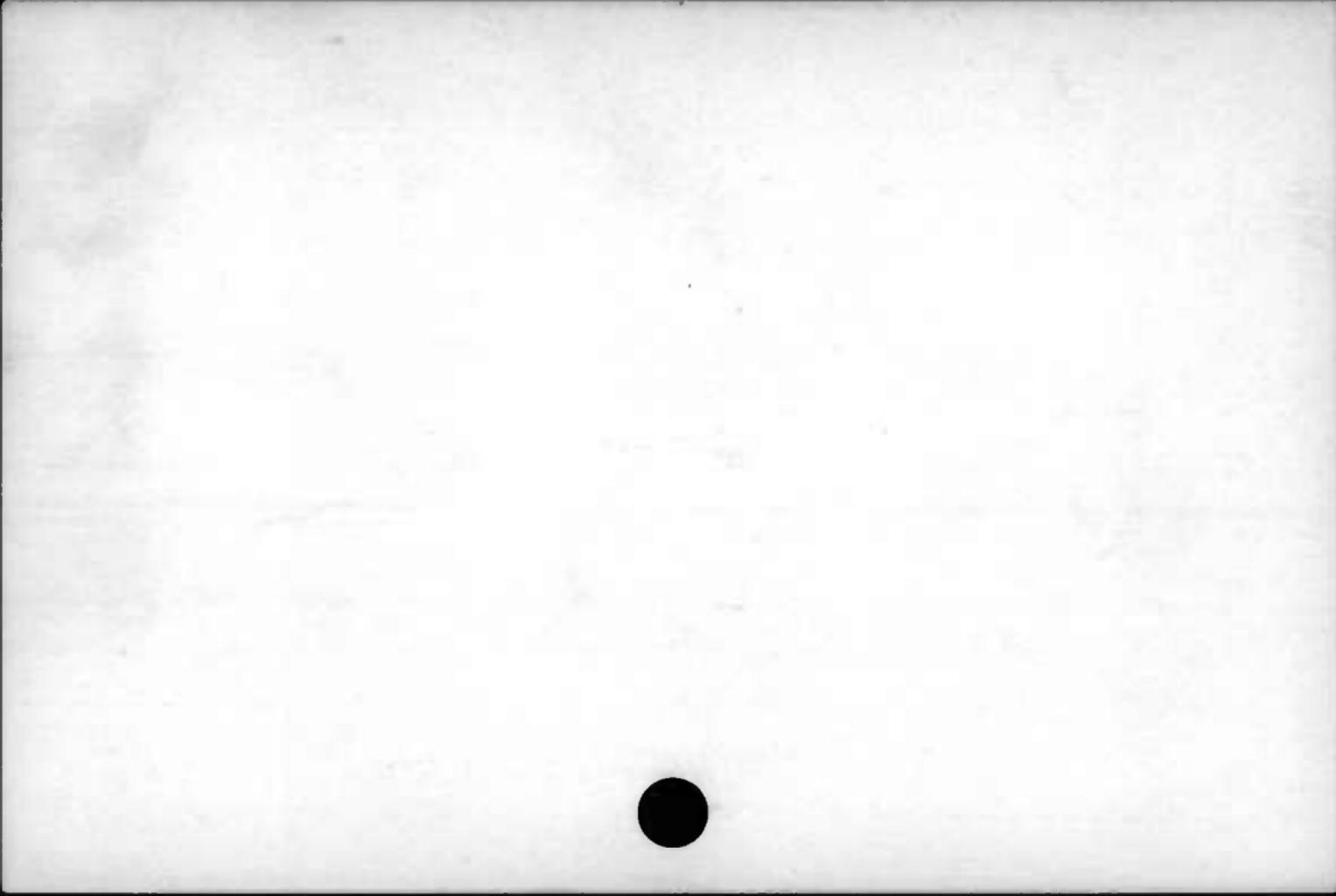
Yes

Signature of
Physician

Address

John Ridout
At Baltimore
Md

Accident or Suicide?



Name
in
Full

Walter Eugene Brown

CERTIFICATE OF DEATH

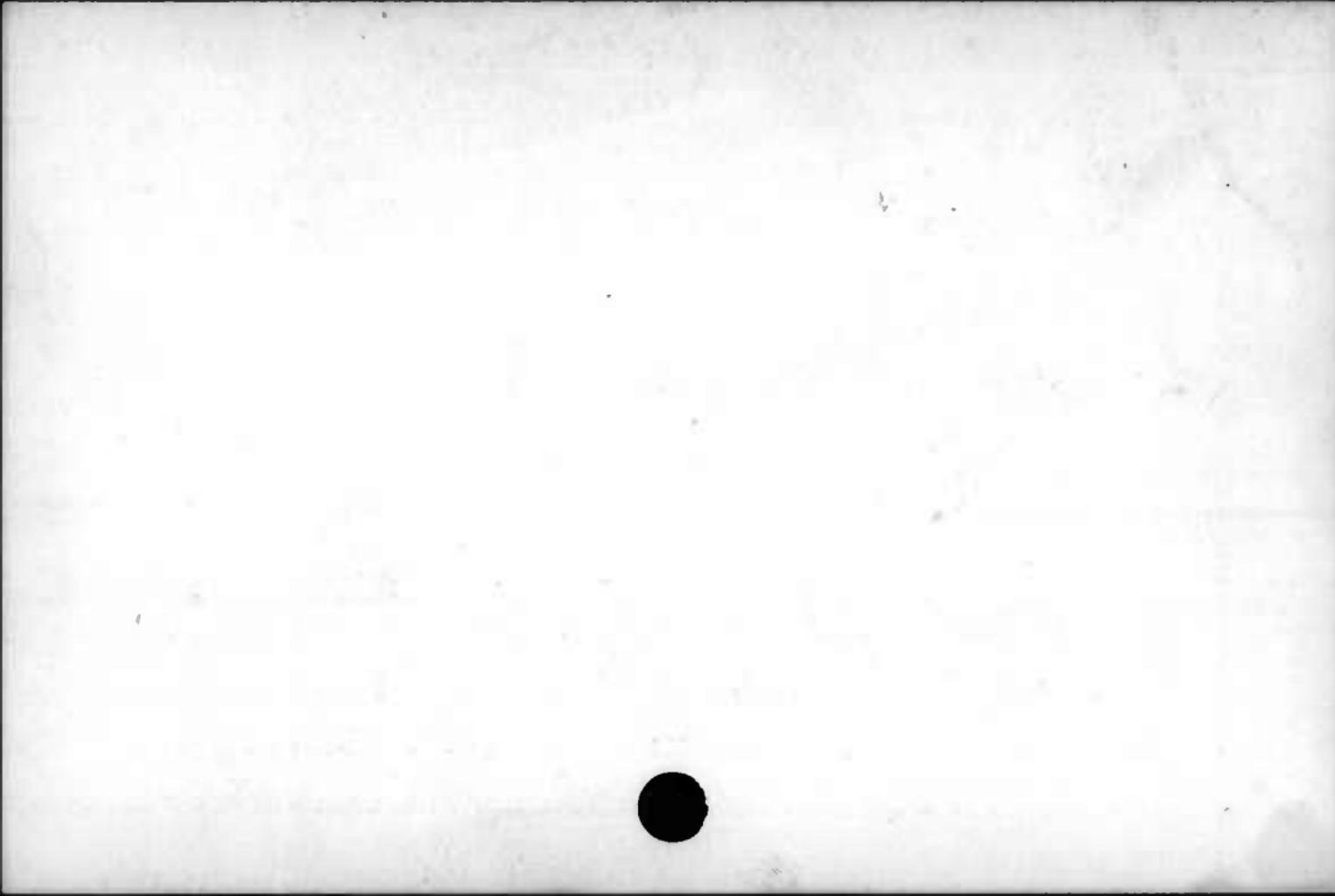
To BE ANSWERED BY
NEAREST FRIEND

Died at	Annapolis		County	Anne Arundell	
Date of death 1903	Month Aug.	Day 3	Years	Months	Days
Sex	Male	Color or Race	white	Birth-place	Annapolis
Married, Single or Widowed	Single				
Name of Wife or Husband					
Father's Name	John H. Brown				
Mother's Maiden Name	Willie N. Frayser				
Name of person giving information	Willie N. Frayser				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Congenital Lues		How long	From birth
Immediate	Acute Diarrhoea & exhaustion		How long	3 wks.
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	S. S. Neffern M.D.
			Address	Annapolis Md.
Accident or Suicide?				



Name
in
Full

Ella Bimley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town	Annapolis			County	Anne Arundel	
Died at	Month	Day	Age	Years	Months	Days
Date of death 1903	August	23	68			
Sex Female	Color or Race	Colored				
Married, Single or Widowed	Occupation Bookkeeper					
Name of Wife or Husband	Daniel Bimley					
Father's Name	John Bimley					
Mother's Maiden Name	Unknown					
Name of person giving Information	Son					
Father's Birthplace	Annapolis					
Mother's Birthplace	Annapolis					
How related to deceased	Son					

PHYSICIAN
OR CORONER

CAUSES OF DEATH

Primary

Tuberculosis

How long

Months

Immediate

Exhaustion

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address



Adams
undertaker

Accident or Suicide?



Name
in
Full

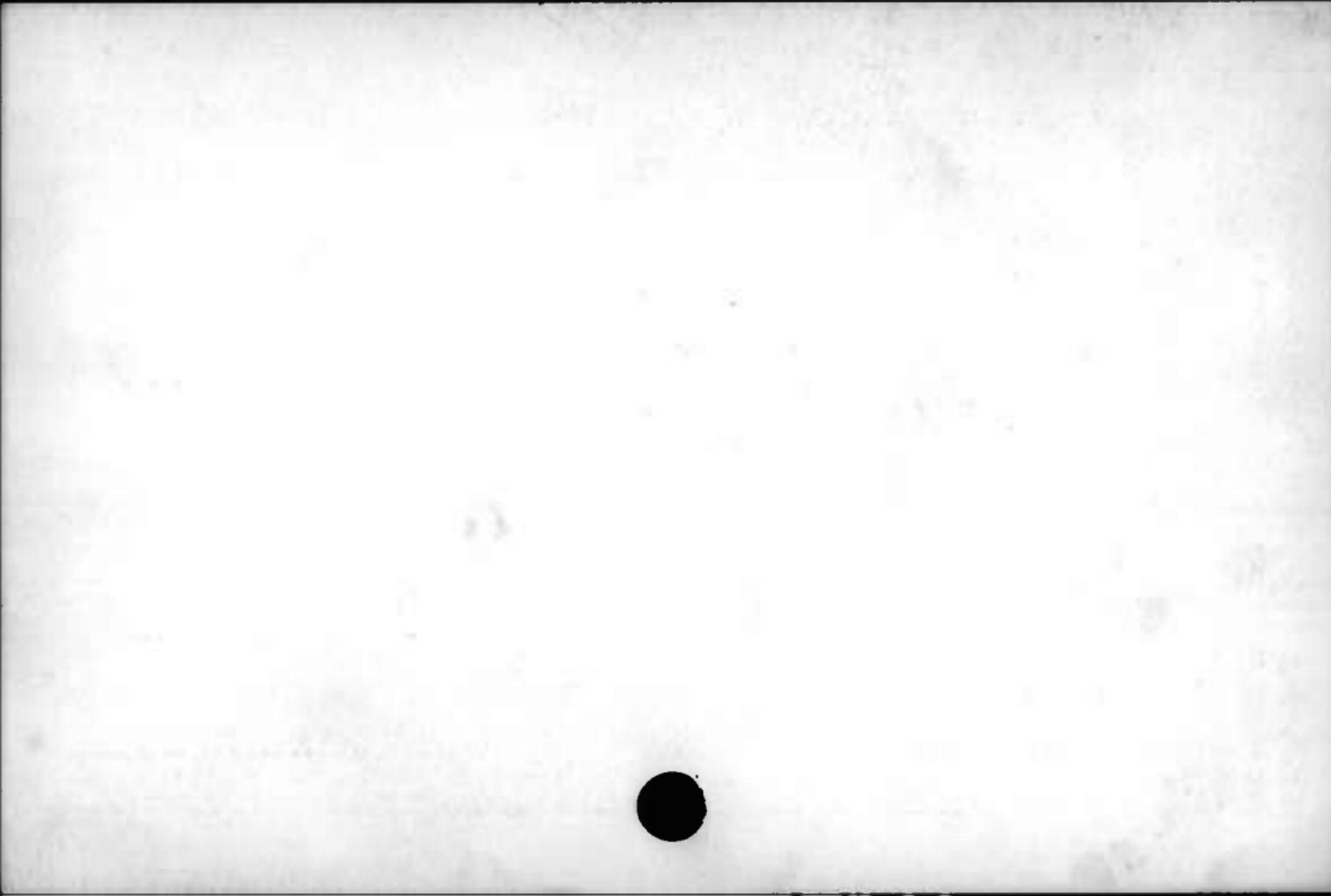
CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at <u>Annapolis'</u>		Town	County <u>Anne Arundel</u>		MARYLAND		
Date of death 1903	Month Aug.	Day 25.	Years	Months	Days	8	
Sex Male	Color or Race white	Age		Birth-place <u>Annapolis'</u>			
Married, Single or Widowed		Occupation					
Name of Wife or Husband							
Father's Name	<u>Henry Campbell</u>			Father's Birthplace	<u>Annapolis'</u>		
Mother's Maiden Name	<u>Ellie Freeman</u>			Mother's Birthplace	<u>Annapolis'</u>		
Name of person giving information	<u>Henry Campbell</u>			How related to deceased	<u>Father</u>		

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary <u>Heart Disease</u>	How long <u>since birth</u>
	Immediate	How long <u>79</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>J J Murphy</u>
		Address <u>Annapolis</u>
Accident or Suicide? <u>X</u>		



Name
in
Full

Stadie E. Day

CERTIFICATE OF DEATH

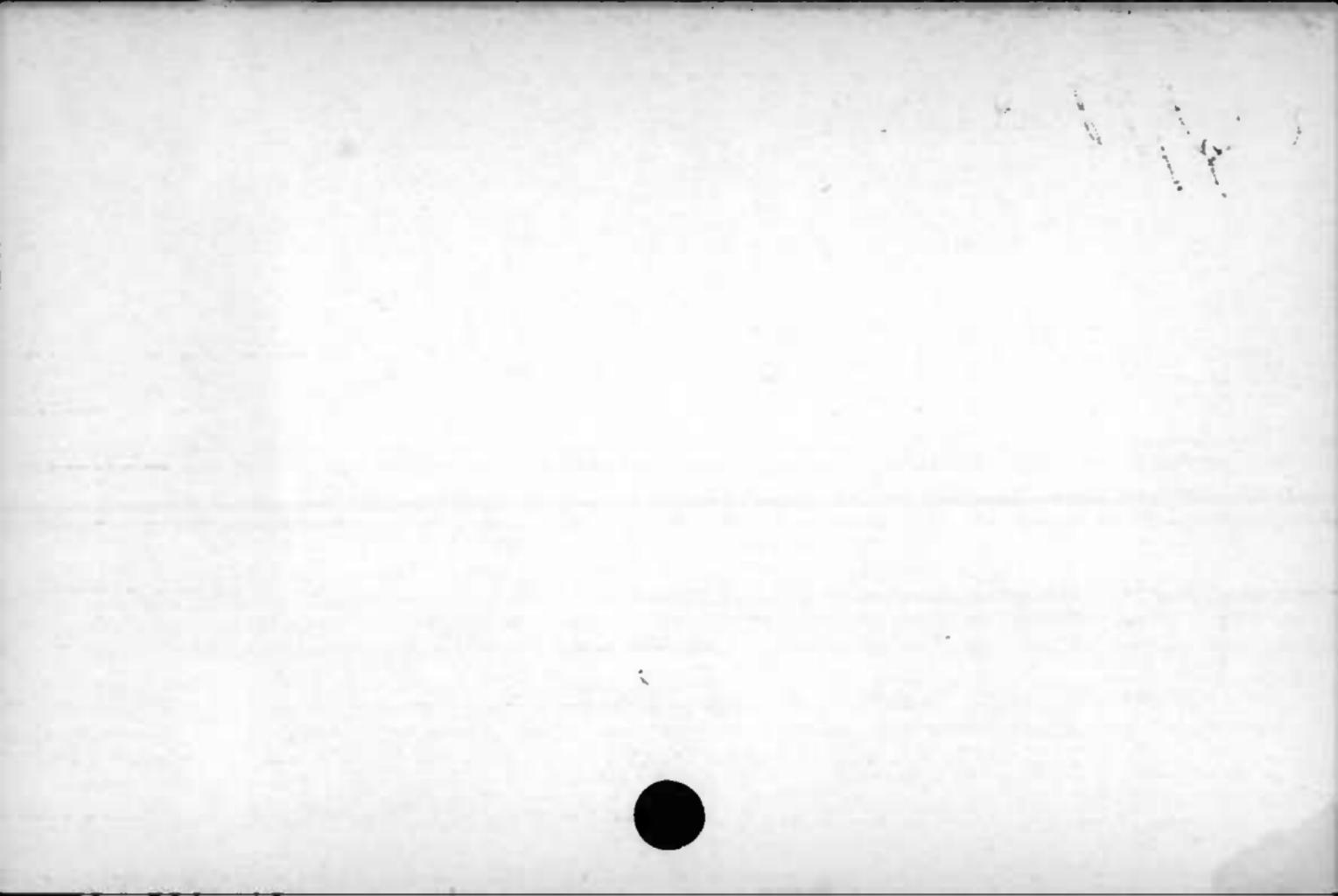
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County		MARYLAND		
Date of death 1903	Month	Day	Years	Months	Days	
3 August 8		Age	1	10		
Sex	Color or Race	Occupation				
Female	colored					
Married, Single or Widowed						
Name of Wife or Husband						
Father's Name	George Day	Father's Birthplace		At 60.		
Mother's Maiden Name	Alice Green	Mother's Birthplace		City		
Name of person giving Information	Mother	How related to deceased				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Lerntosis	8	How long	Ten days
Immediate	Bronchitis	8	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Investigated	
Yes		Address	By Health Officer	
Accident or Suicide?				



Name
in
Full

Howard E. Diggs

CERTIFICATE OF DEATH

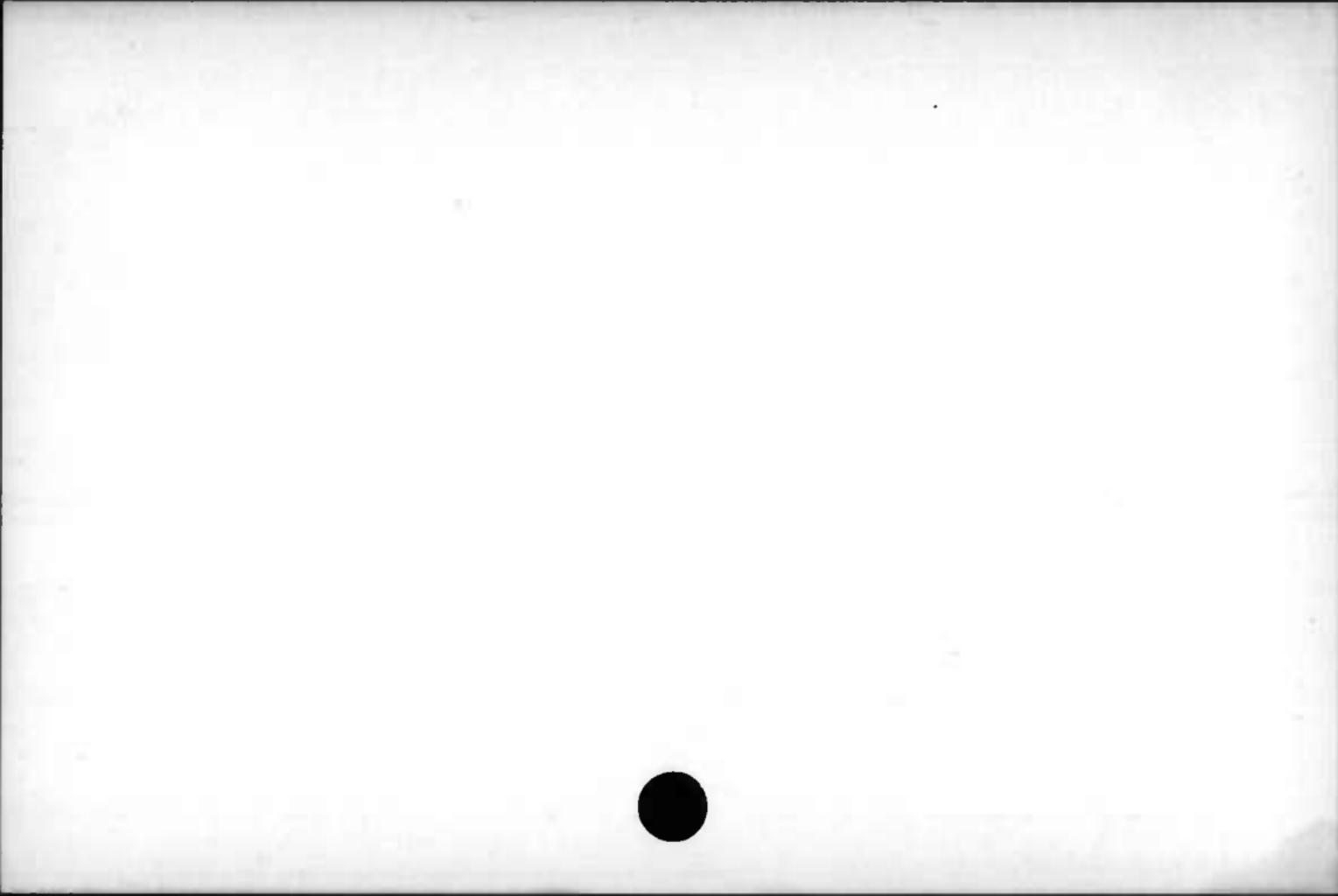
TO BE ANSWERED BY
NEAREST FRIEND

Town	County	State		
Died at Annapolis	Anne Arundel	Md.		
Date of death 1903	Month August	Day 4 th	Age 2	Years
Sex Male	Color or Race Colored	Occupation City		
Married, Single or Widowed				
Name of Wife or Husband				
Father's Name	Aaron Diggs		Father's Birthplace	City
Mother's Maiden Name	Susan Queen		Mother's Birthplace	Address
Name of person giving Information	Father		How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pertussis	8	How long	Five days
Immediate	Bronchitis		How long	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician			
Yes	Address			
Accident or Suicide?	John Ridout			
	Annapolis			
	Md.			



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

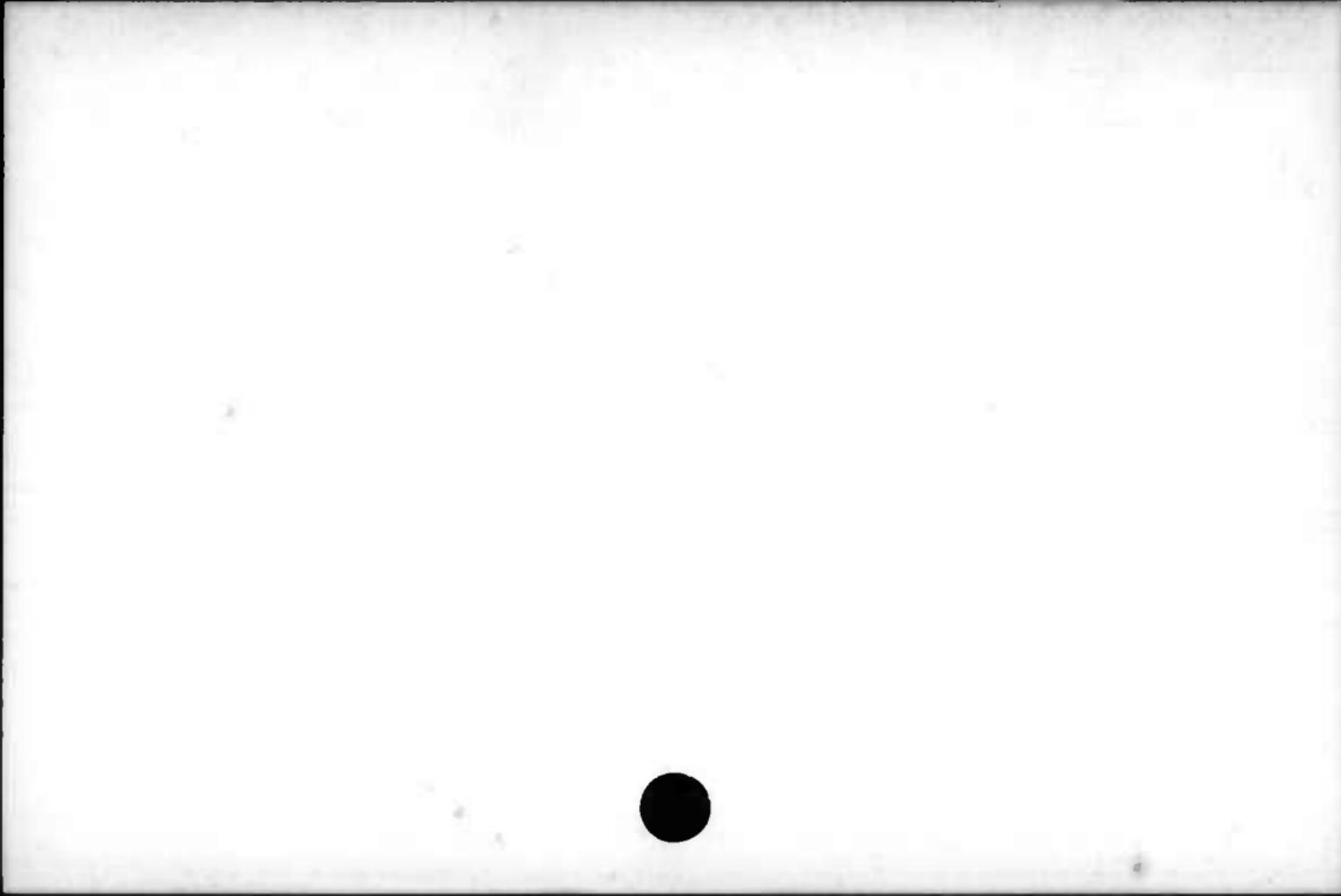
CERTIFICATE OF DEATH

Died at <u>Bengfield</u>		County <u>Anne Arundel</u>		MARYLAND	
Date of death <u>1903</u>	Month <u>8</u>	Day <u>24</u>	Age <u>52</u>	Years <u>5</u>	Months <u>8</u>
Sex <u>female</u>	Color or Race <u>White</u>	Birth-place <u>Severn Md</u>			
Occupation <u>Housewife</u>	Where Residing if not at place of death				
Married, Single or Widowed <u>Widow</u>	Name of Wife or Husband <u>Wilson Disney</u>				
Father's Name <u>Benjamin Ray</u>	Father's Birthplace <u>Prince Geo Co</u>				
Mother's Maiden Name <u>Mowden</u>	Mother's Birthplace <u>Prince Geo Co</u>				
Name of person giving information <u>Naomi Ward 8</u>	How related to deceased <u>Daughter</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Anurism of Pulmonary artery</u>	How long <u>2 years</u>
Immediate <u>Rupture of Anurism Pulmonary</u>	How long <u>Immediate</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>J.W. D'Bois M.D.</u>
Address <u>110 Lombard</u>	
Accident or Suicide? <u>Reheated by J.W. D'Bois</u>	



Name
in
Full

Sarah A Dorsey

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1903	Month 8	Day 30	Years 21	Months -	Days -
Sex Female	Color or Race	level	Birth-place	Md a	
Married, Single or Widowed	Married	Occupation	Housewife		
Name of Wife or Husband	Washington Dorsey				
Father's Name	Baltimore				
Mother's Maiden Name	Sarah Coole				
Name of person giving information	Washington Dorsey				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Gastric Fever 137	How long	10 days
Immediate	Heart Failure	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	chase & brooks
		Address	

Accident or Suicide?



Name
in
Full

Mary Frances Elgin

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1903	Aug	1	-	3	
Sex	Color or Race	Age	Birth-place		
Female	White	-	Washington County	Md.	
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	J. T. Elgin			Father's Birthplace	Md.
Mother's Maiden Name	Frances Elgin			Mother's Birthplace	Md.
Name of person giving information	How related to deceased				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	cr. An ophthal. w & haunter	105	How long	always
Immediate	w & haunter	105	How long	always
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	H. R. Walton	
(Chas Wally & Co.) undertakers		Address	Minneapolis Mn.	
Accident or Suicide?				



Name
in
Full

Joseph Finkle

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death 190	Month	Years	Months Days
3.	Aug.	11 th	2. 8
Age			
Sex	Male	Color or Race	White
Married, Single or Widowed		Occupation	
Name of Wife or Husband			
Father's Name	J. H. Finkle	Father's Birthplace	Annapolis
Mother's Maiden Name	Anne Mitchell	Mother's Birthplace	Annapolis
Name of person giving Information	J. H. Finkle	How related to deceased	Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Bacile Tuberculosis

How long

Immediate

Enter - colitis

How long

Are the name, age, sex, color, date and place correctly given above?

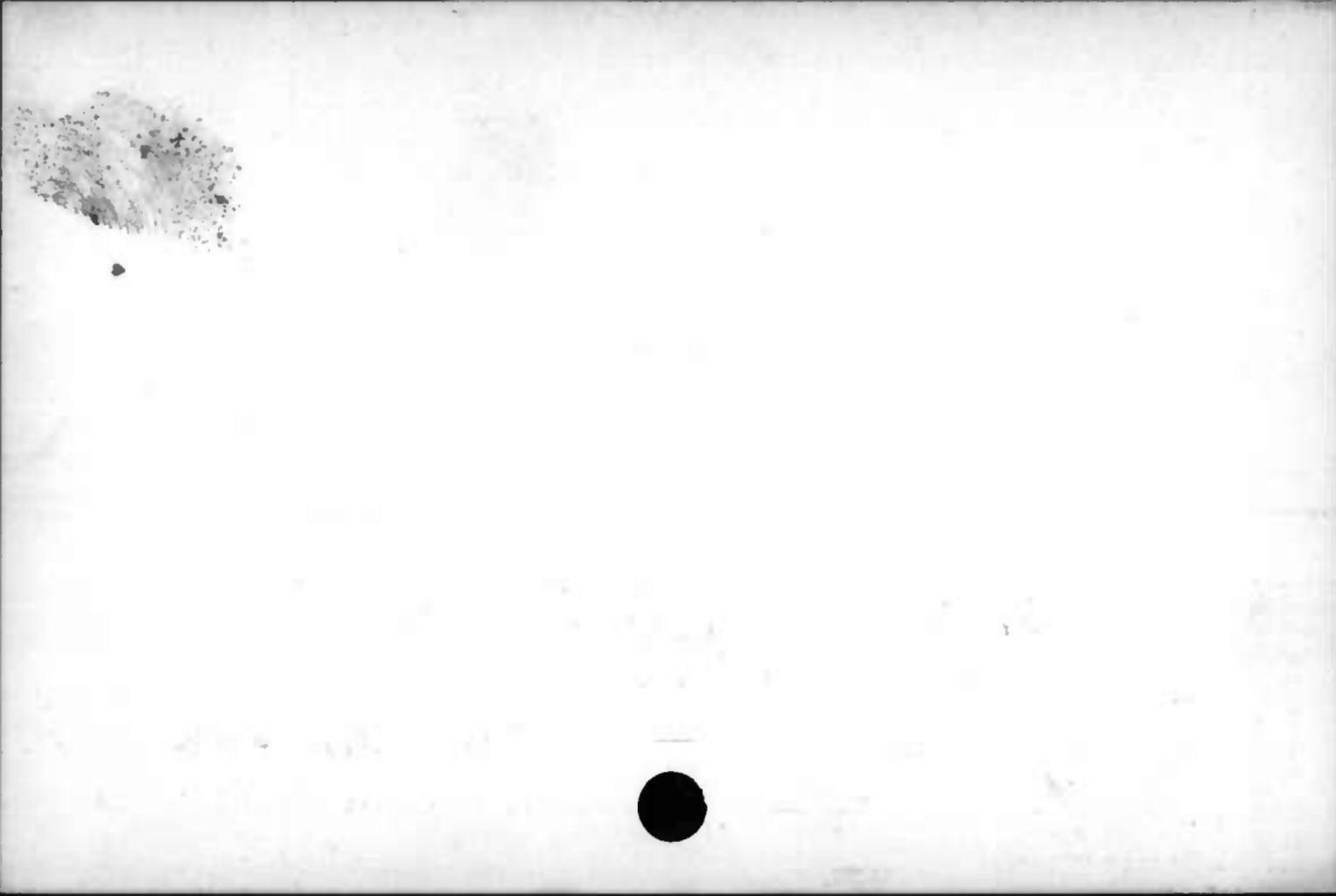
Signature of Physician

Address

as far as I
am aware of

J. H. Thompson M.D.
193 Church St.
Annapolis, Md.

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

Dorothy Fletcher

CERTIFICATE OF DEATH

Town County
Died at Annapolis St. of MARYLAND
Date Month Day Years Months Days
of death 1903 August 5th Age 10 Days
Sex Female Color or Birth-place
Race colored City
Occupation

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Mother's
Maiden Name

Name of person giving
Information

Father's
Birthplace

Mother's
Birthplace

How related
to deceased

Edward Fletcher
Eliza Dennis
Mother

City
City

CAUSES OF DEATH

NOS

Primary

Enterocolitis
exhaustion

How long

Two weeks

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Yes

Address

D. N. E. Campbell, M.D.
John Ridout, M.D.

PHYSICIAN
OR CORONER

Accident or Suicide?



Name
in
Full

Henrietta Susan Fallsnber

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months Days
Sex	Color or Race	Age		
Married, Single or Widowed	Occupation			
Name of Wife or Husband				
Father's Name	Father's Birthplace			
Mother's Maiden Name	Mother's Birthplace			
Name of person giving Information	How related to deceased			

3 Aug 18th 79

Female White

Widow House wife

Joseph V. Fallsnber

James Webb England

Clarissa H. Maynard Penn. Genealogy

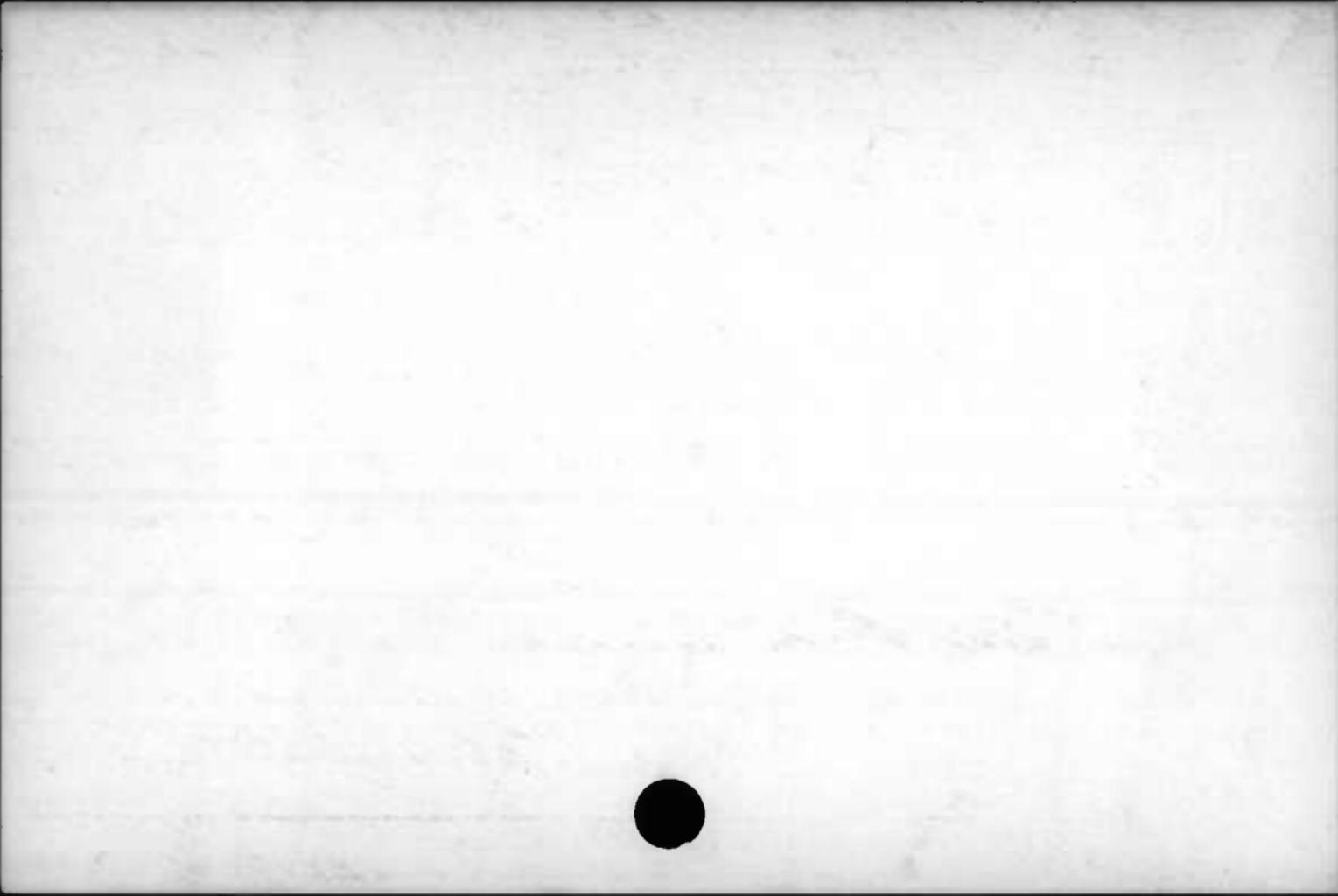
H. M. C. Maynard Daughter

PHYSICIAN
OR CORONER

CAUSES OF DEATH

Primary	Inters - Colitis	106	How long
Immediate	Respiratory Paralysis		since July 2nd 1903
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		Oliver P. Penning	
		Address	
Natural		101 East Lawrence St. Balto. Md.	

Accident or Suicide?



Name

In
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

John Janie Geoghegan, Jr.						CERTIFICATE OF DEATH
Died at	Town	County				
Date of death	Month	Day	Age	Years	Months	Days
Sex	Color or Race	Occupation	Birth-place			
Married, Single or Widowed	Unmarried Librarian					
Name of Wife or Husband	John Geoghegan, Jr.					
Father's Name	Ireland					
Mother's Maiden Name	Ann Doyle					
Name of person giving Information	P.D. Geoghegan					

CAUSES OF DEATH

Primary	Sclerosis Liver	112	How long	One year
Immediate	Congestion of Liver		How long	Three days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		
Yes no.		Geo. Wells, Annapolis, Maryland		
Accident or Suicide?		Address		



Name
in
Full

Blanche Gray

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

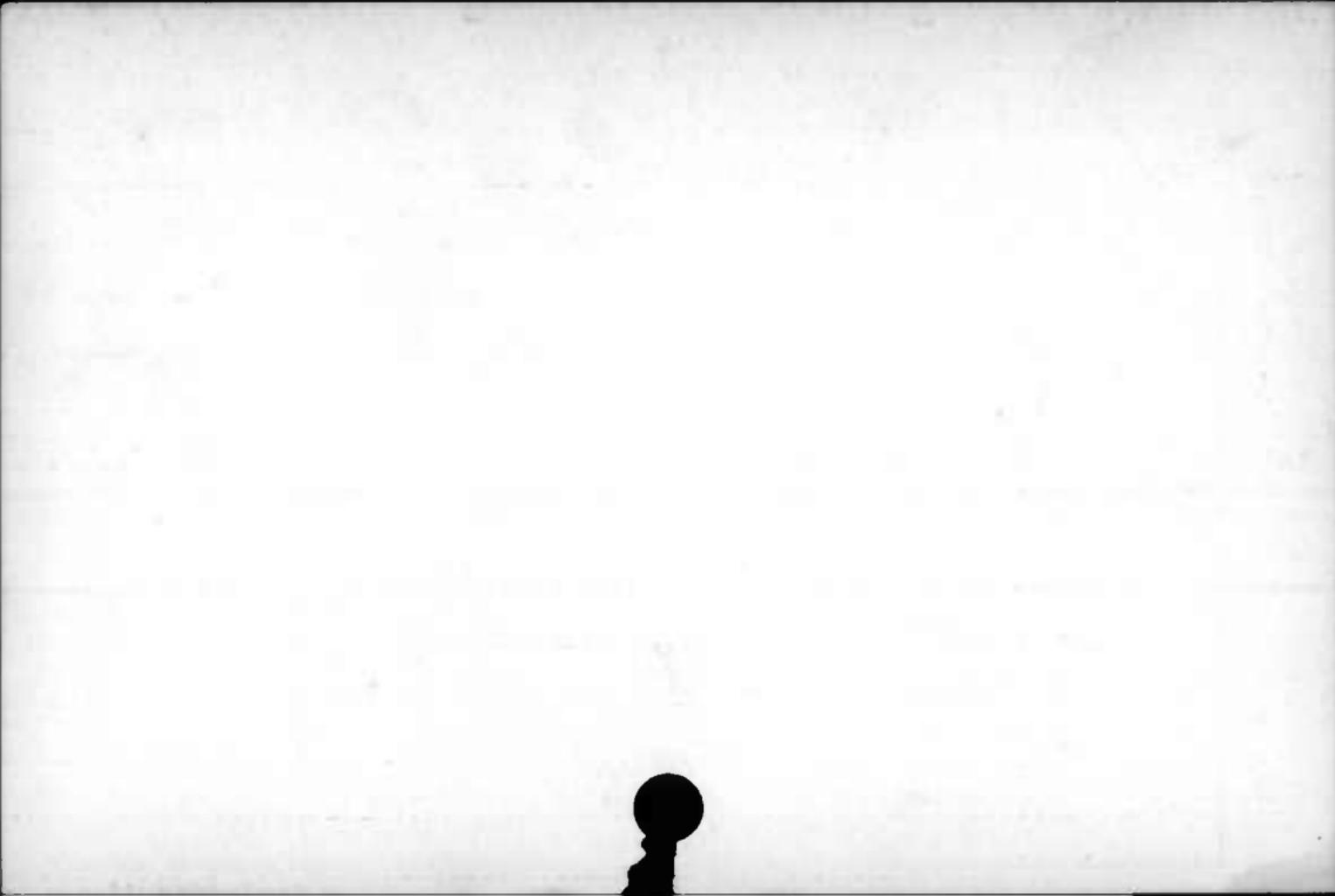
Died at	Town	County	MARYLAND
Died at	Annapolis	Han	
Date of death	Month	Day	Years Months Days
1903	August	22 nd	Age 24 yrs
Sex	Color or Race	Birth-place	
Female	colored	bithy	
Married, Single or Widowed	Occupation		
Married	House Girl		
Name of wife or Husband			
Wm. Gray			
Father's Name		Father's Birthplace	bithy
Ashley Stepney			
Mother's Maiden Name		Mother's Birthplace	bithy
Mary Cook			
Name of person giving information		How related to deceased	
Mother			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Tuberculosis	How long	Ten months
Immediate	exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician		
Yes	Address		
Accident or Suicide?			





Name
in
Full

Louis Gray

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1903	Month August	Day 17 th	Years	Months	Days
Sex Male	Color or Race colored	Birth- place City			
Married, Single or Widowed	Occupation				
Name of Wife or Husband					
Father's Name	Robert Gray			Father's Birthplace	Athos.
Mother's Maiden Name	Bessie Held			Mother's Birthplace	Md.
Name of person giving Information	Mother			How related to deceased	

CAUSES OF DEATH 105

PHYSICIAN
OR CORONER

Primary	Marasmus exhaustion	
Immediate		
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	How long Since Birth
Yes	J. A. Adams	How long
Address	Under-taker	
Accident or Suicide?		



Name
in
Full

Minta Hawkins

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	3 rd	Town	district	County	MARYLAND	
Date of death 1903	Month 8	Day 25	Age 80	Years	Months	Days
Sex Female	Color or Race	Colored	Occupation	Birth-place	Md	
Married, Single or Widowed	It colored					
Name of Wife or Husband	Nathan Hawkins					
Father's Name						Father's Birthplace
Mother's Maiden Name						Mother's Birthplace
Name of person giving Information	Solomon Hawkins					How related to deceased

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Senile	154	How long week
Immediate			How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

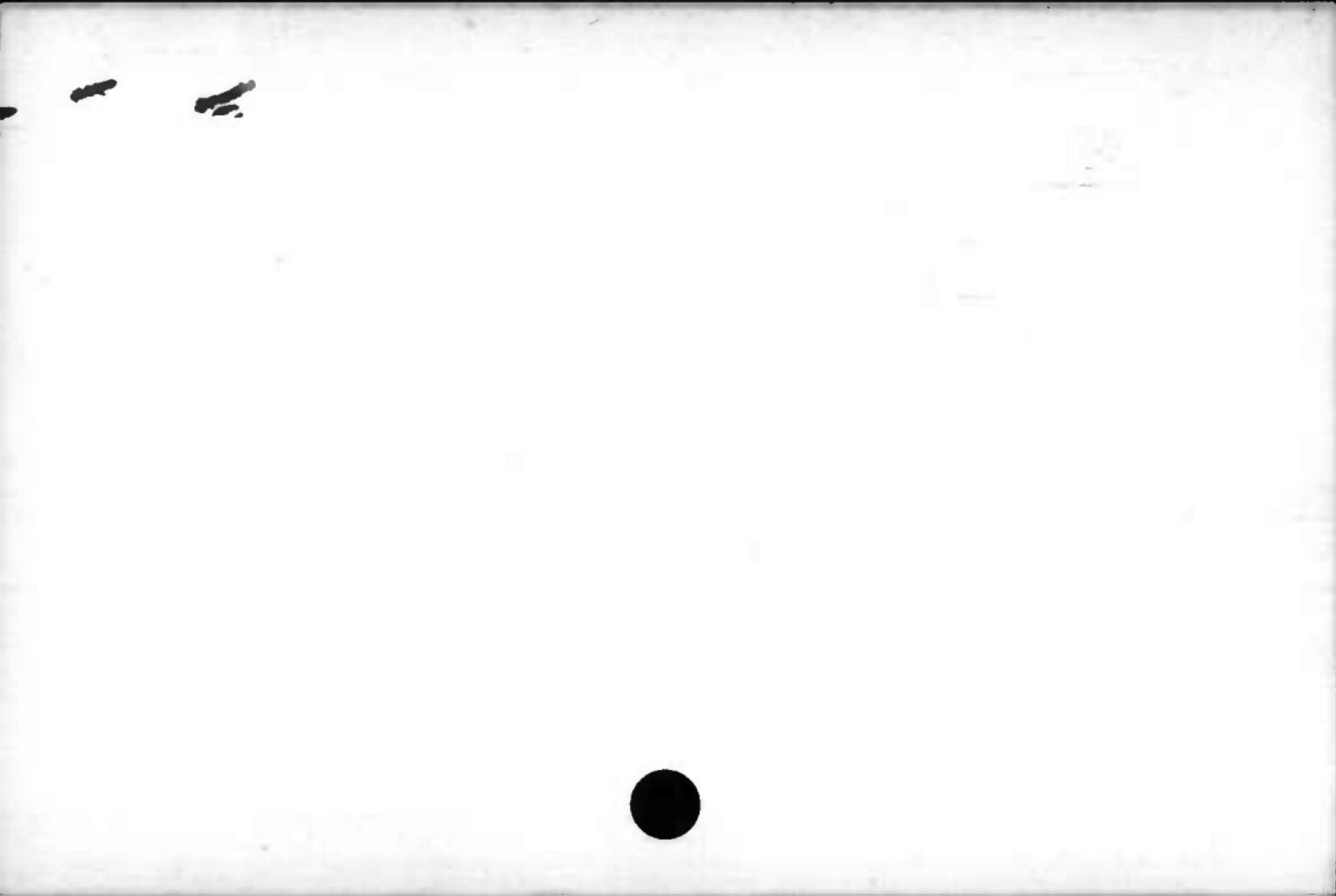
No Med. aid

Address

Woolly Johnson
undertaker

Annapolis

Accident or Suicide?



Name
in
Full

Mary Holland

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Friendship</i>		Town <i>A.A.</i>	County <i>A.A.</i>		MARYLAND	
Date of death 1903	Month May	Day 27	Age 48	Years	Months	Days
Sex Female	Color or Race Colored	Birth-place <i>A.A. Co.</i>				
Married, Single or Widowed married	Occupation <i>Housewife</i>					
Name of Wife or Husband William Holland						
Father's Name Daniel Estep	Father's Birthplace <i>A.A. Co.</i>					
Mother's Maiden Name Barbara Briggs	Mother's Birthplace <i>A.A. Co.</i>					
Name of person giving Information Brother Daniel Estep	How related to deceased Brother					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>stab wounds</i>	How long	<i>10 minutes</i>
Immediate	<i>Shock</i>	How long	<i>1/2 hour</i>

Are the name, age, sex, color, date and place correctly given above?

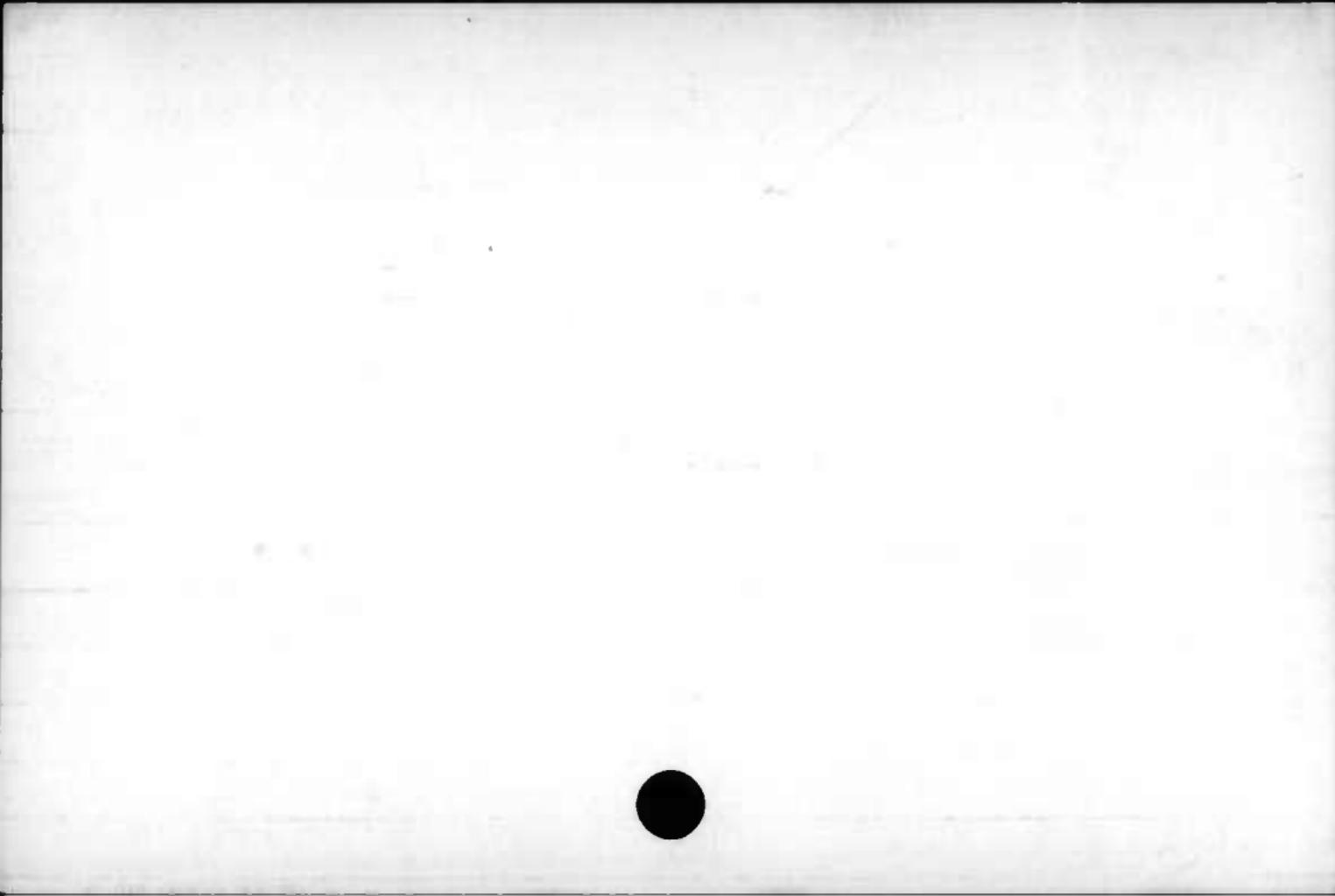
yes

Signature of Physician

Address

L.L. Brayshaw
Friendship
M.D.

Accident or Suicide?



Name
in
Full

Charles Isaac

CERTIFICATE OF DEATH

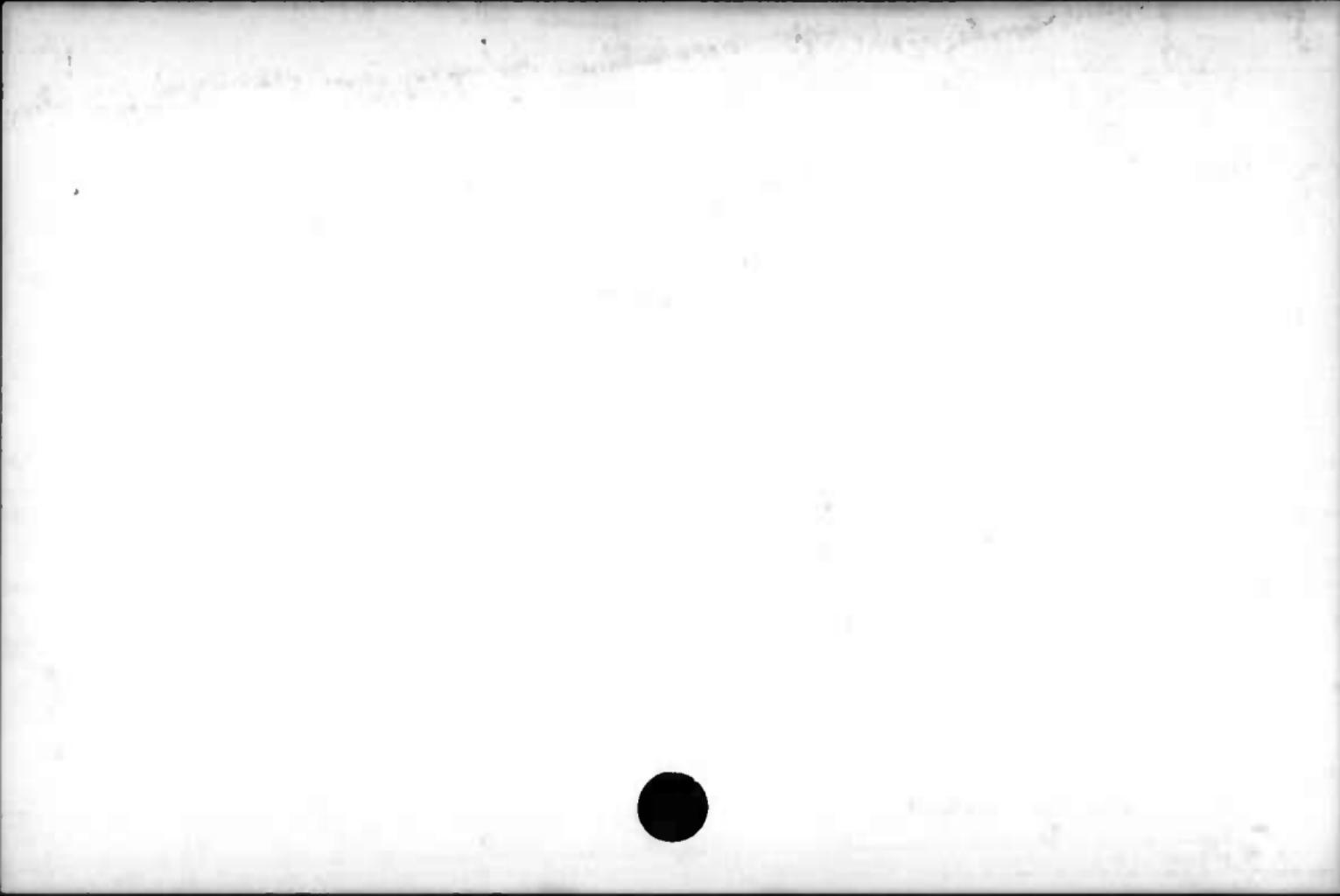
To BE ANSWERED BY
NEAREST FRIEND

Signed

PHYSICIAN
OR CORONER

Town	A. A.	County	MARYLAND
Died at Odenton	Day 28	Years 0	Months 10 Days
Date of death 1903 Month August	Age		
Sex Male	Color or Race Black	Birth-place Odenton	
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband	Father's Name Jefferson Isaac	Maryland
Mother's Maiden Name Eliza Henson		Mother's Birthplace " "	" "
Name of person giving information Jefferson Isaac		How related to deceased Father.	
CAUSES OF DEATH			
Primary Ingestion & Mal Nutrition	How long since birth		
Immediate Convulsions	Half hour		
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician Dr. Joyce H. S. Smit		
Address Acme Coroner			
Accident or Suicide?	Millersville Md		

Acme Coroner



Name
in
Full

Nathan James

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1903	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birth- place		
Married, Single or Widowed	Occupation				
Name of Wife or Husband	Mary James				
Father's Name	Unknown		Father's Birthplace	Md.	
Mother's Maiden Name	Unknown		Mother's Birthplace	Md.	
Name of person giving Information	Mary James		How related to deceased	Wife	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Asthma & Chronic Nephritis	How long 8 Months
Immediate	190	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	John Ridout, M.D.
Yes	Address	Annapolis Md.
Accident or Suicide?		



Name
in
Full

Biter Jennings

CERTIFICATE OF DEATH

Died at own Ambopoh's Annasundel County MARYLAND

Date of death 1903 Month Aug Day 3rd Age 70 Years 70 Months — Days —

Sex Male Color or Race Colored Birth-place a.a.c.

Married or Widowed Widower Occupation Lawyer

Name of Wife or Husband Cinderilla Y Brown

Father's Name Wesunnen

Father's Birthplace —

Mother's Maiden Name —

Mother's Birthplace —

Name of person giving information J. Adams

How related to deceased —

CAUSES OF DEATH

Primary

Senility 1st
Exhaustion

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

yes

Address

No. 8 Physician
J. Adams
Undertaker

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Accident or Suicide?



Name
in
Full

Andy. S. Jiricek

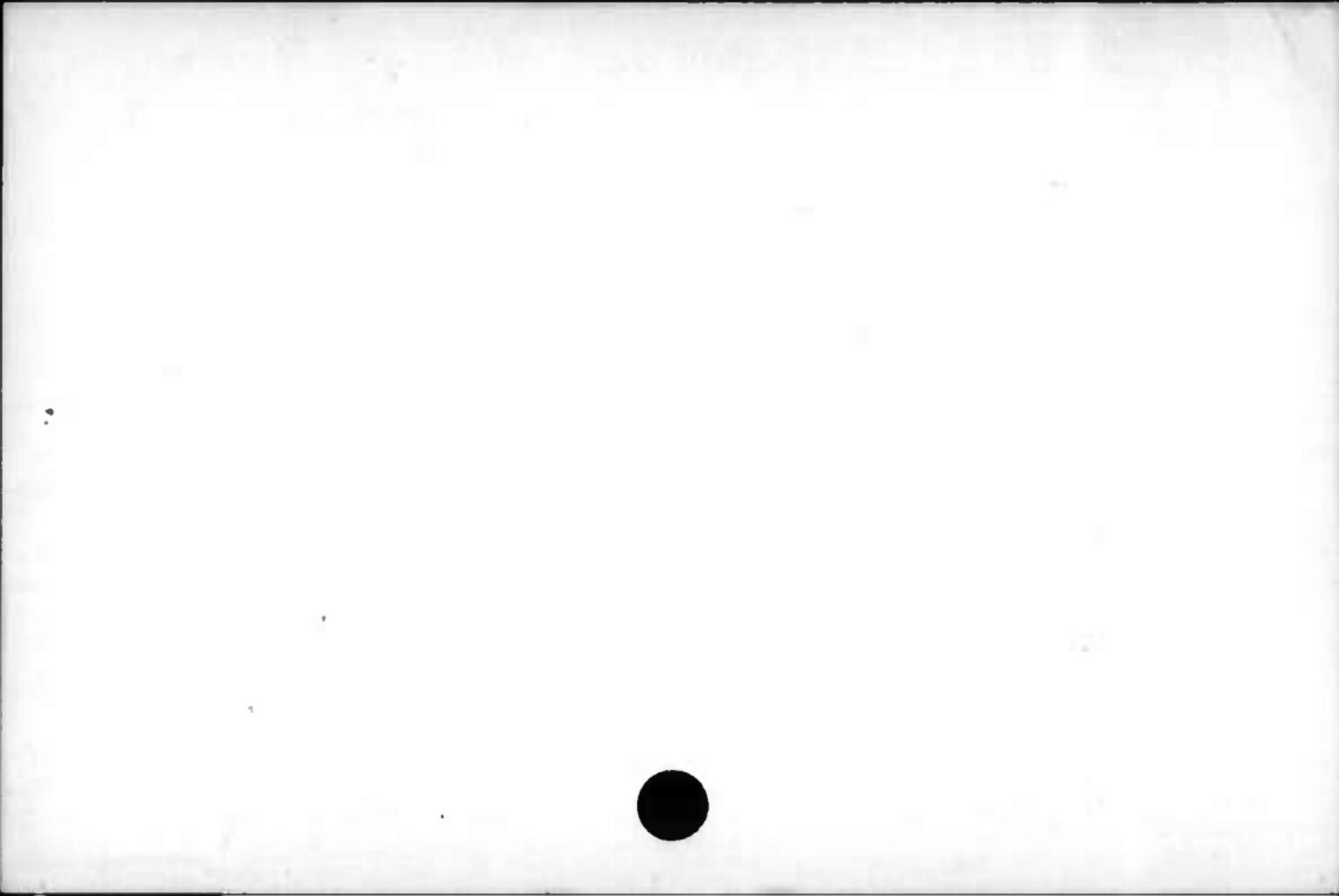
CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years Months Days
Sex	Color or Race	Age	Birth-place
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband	—	
Father's Name	Vaclav. Jiricek	Father's Birthplace	Bohemia
Mother's Maiden Name	Anne Lance	Mother's Birthplace	Bohemia
Name of person giving information	V. Jiricek 71	How related to deceased	Father
CAUSES OF DEATH			

PHYSICIAN
OR CORONER

Primary	How long	
Infantile Convulsions	Half hour	
Immediate	How long	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	
yes	J. B. Norton	
	Address	
Accident or Suicide?	So. Baltt. Md	



Name
in
Full

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at <u>Jessup</u>		Town	County <u>Anne Arundel</u>	MARYLAND		
Date of death <u>1903</u>	Month <u>8</u>	Day <u>19</u>	Age <u>50</u>	Years	Months	Days
Sex <u>Female</u>	Color or Race <u>negro</u>	Birth-place <u>Anne Arundel Co., Md.</u>				
Occupation <u>House wife</u>	Where Residing if not at place of death <u>Jessup</u>					
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>James Lyles</u>					
Father's Name <u>do not know</u>	Father's Birthplace <u>do not know</u>					
Mother's Maiden Name <u>do not know</u>	Mother's Birthplace <u>do not know</u>					
Name of person giving information <u>George Lyles</u>	How related to deceased <u>Son</u>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Rheumatism

How long

Five years

Immediate

Endocarditis

1909

How long

6 months

Are the name, age, sex, color, date and place correctly given above?

yes

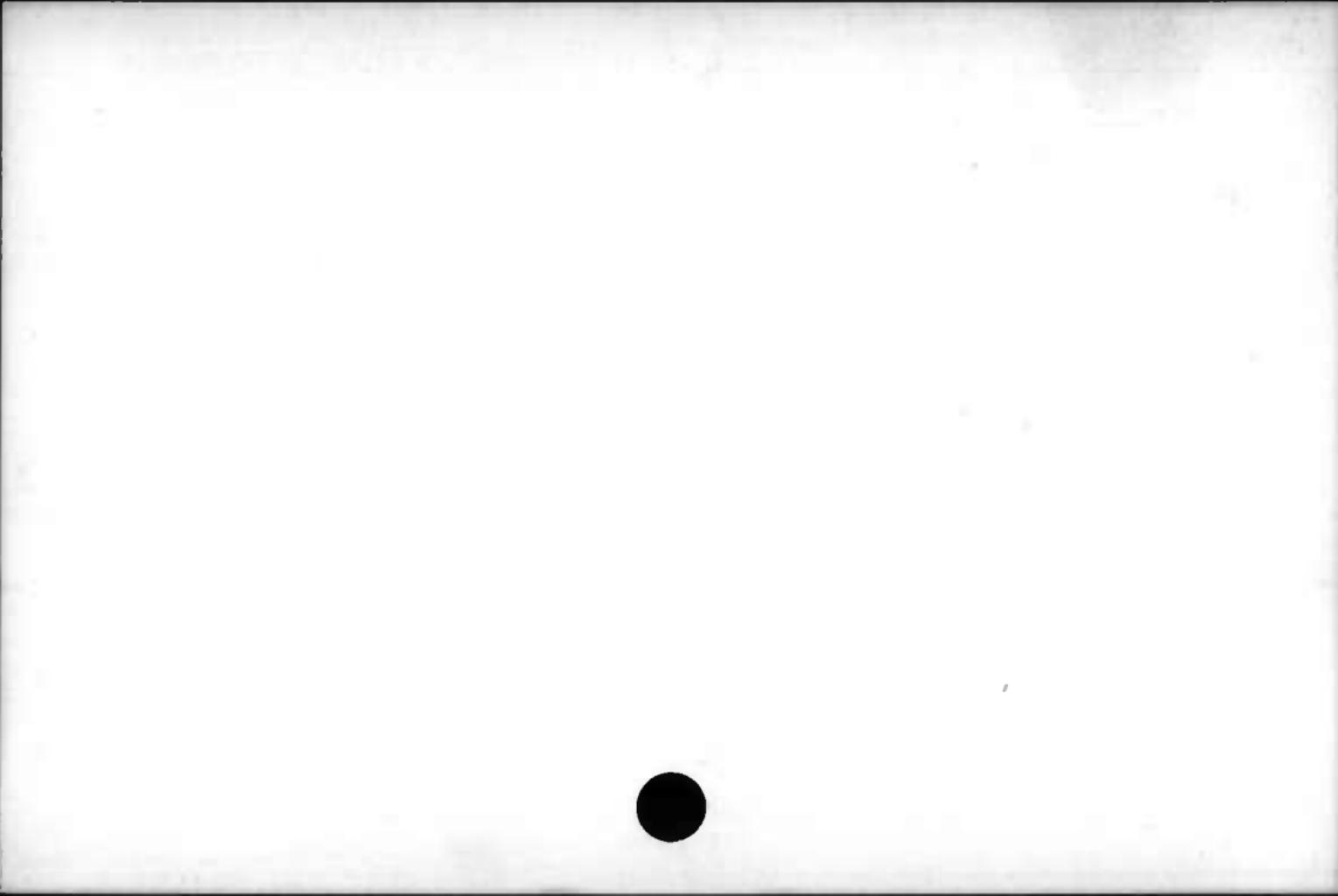
Signature of Physician

Address

Rev. Hammond

Jessup
Md.

* Accident or Suicide?



Name
in
Full

Rachel McLoane

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	a a		County	MARYLAND	
Date of death 1903	Month 8	Day 25	Years 39	Age	Months	Days
Sex Female	Color or Race White	Occupation None		Birth-place Md		
Married, Single or Widowed						
Name of Wife or Husband	Asbury McLoane				Father's Birthplace	Md
Father's Name	Bruce Malone				Mother's Birthplace	
Mother's Maiden Name					How related to deceased	Son
Name of person giving information	Benjamin McHane				How long	60

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Lunacy by cutting throat

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Wm L Hawkins
Brooklyn
Md

Accident or Suicide?



Name
in
Full

Joseph Matthews

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1903	Aug	30	Age 24		
Sex	Male	Color or Race	Colored	Birth-place	C. A. Co. Md.
Occupation	Cysterman				
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	William Henry Matthews				
Mother's Maiden Name	Rachel Scott				
Name of person giving Information	John Matthews				
Where Residing if not at place of death					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Tuberculosis

How long

8 months

Immediate

Pulmonary Hemorrhage

How long

2 hrs.

Are the name, age, sex, color, date and place correctly given above?

Yes

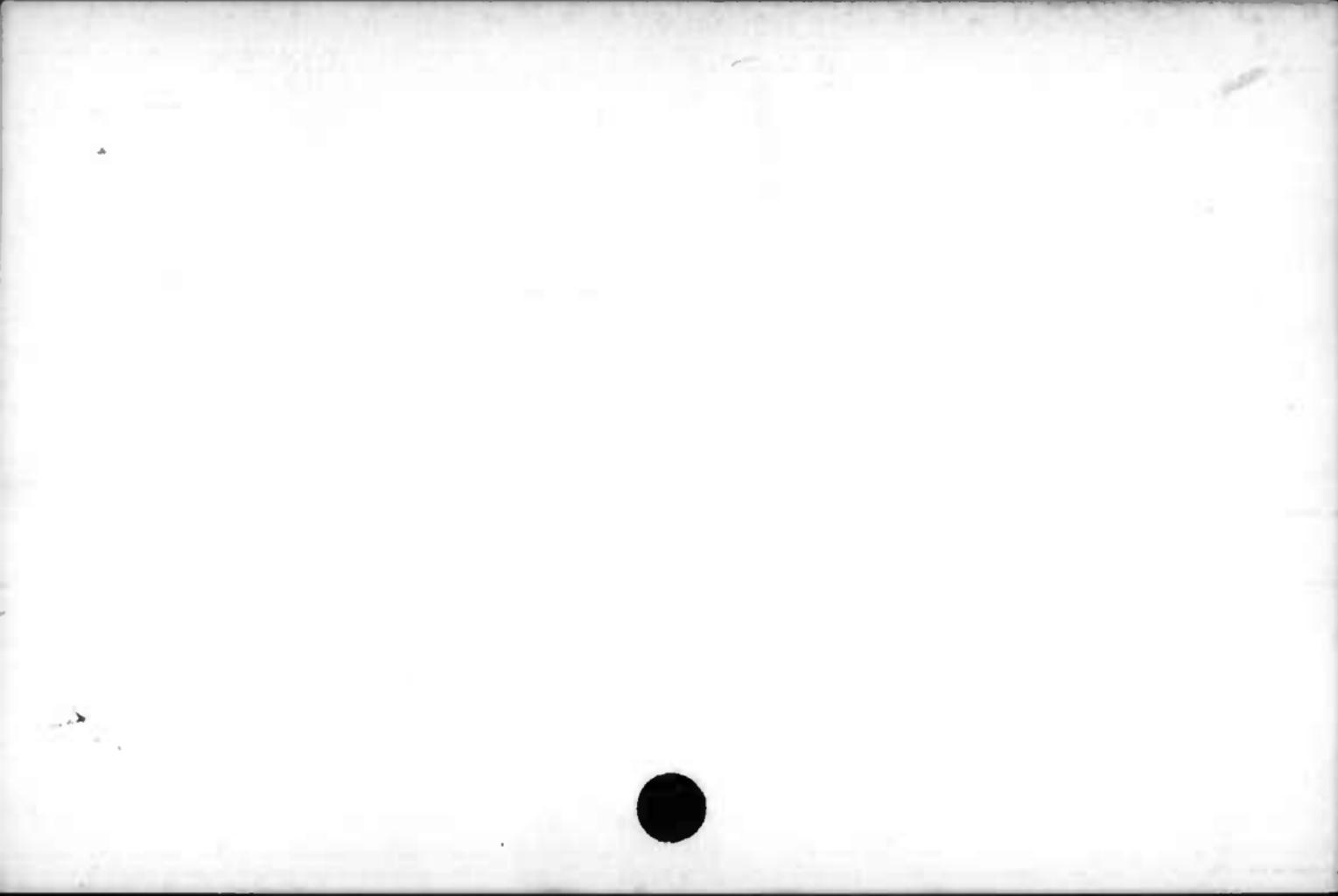
Signature of Physician

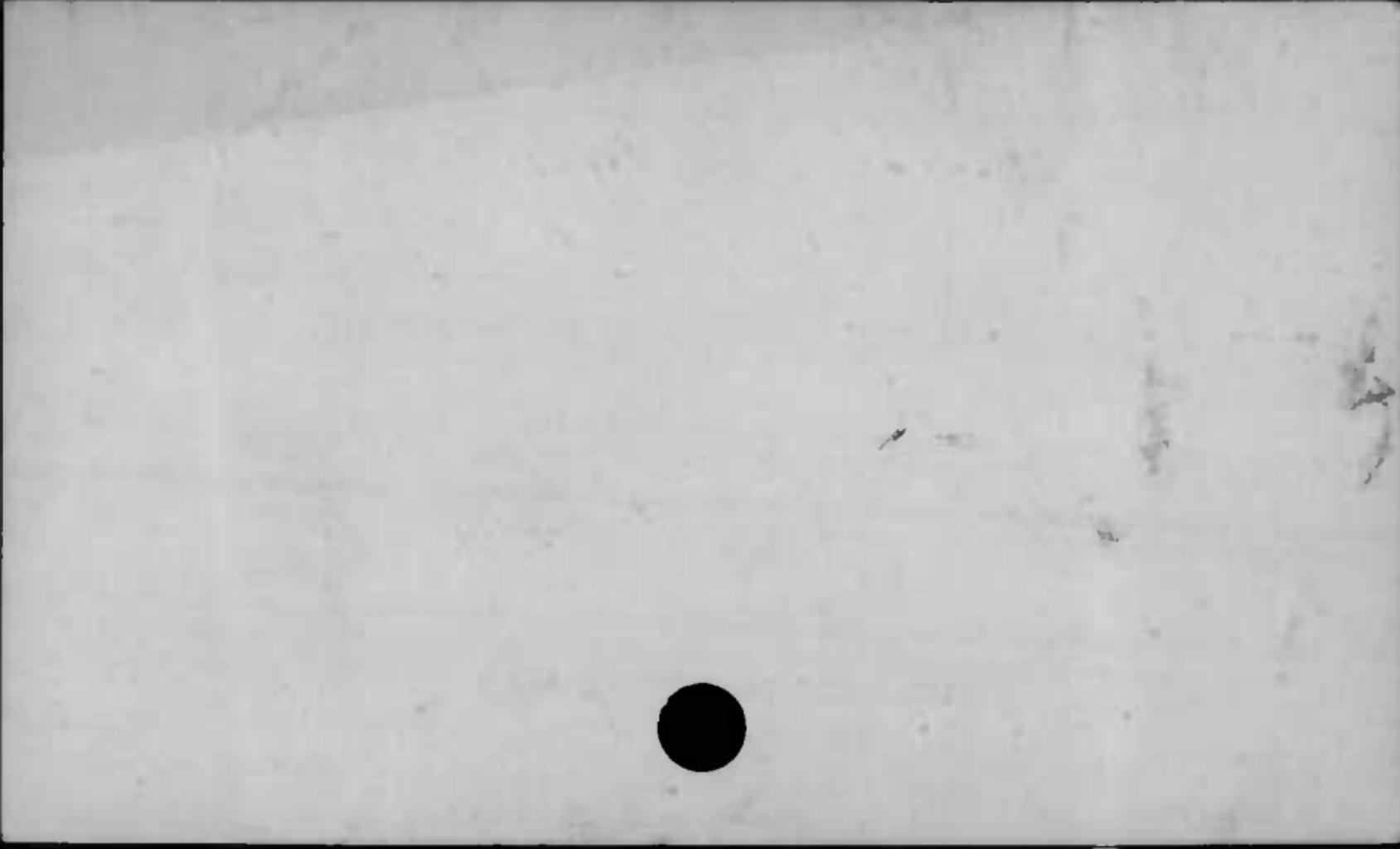
Address

Geo T. Dent

Churchton, Md.

Accident or Suicide?





Name
in
Full

Eva Matuchesky

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years
Sex	Color or Race	Age	Months Days
Occupations	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband		
Father's Name	Mike Matuchesky		
Mother's Maiden Name	Dora Stepansky		
Name of person giving information	mice Matuchesky		
Father's Birthplace	Russia		
Mother's Birthplace	Russia		
How related to deceased	Father		

CAUSES OF DEATH

Primary

Infantile Convulsions

How long

One hour

Immediate

11

How long

Are the name, age, sex, color, date and place correctly given above?

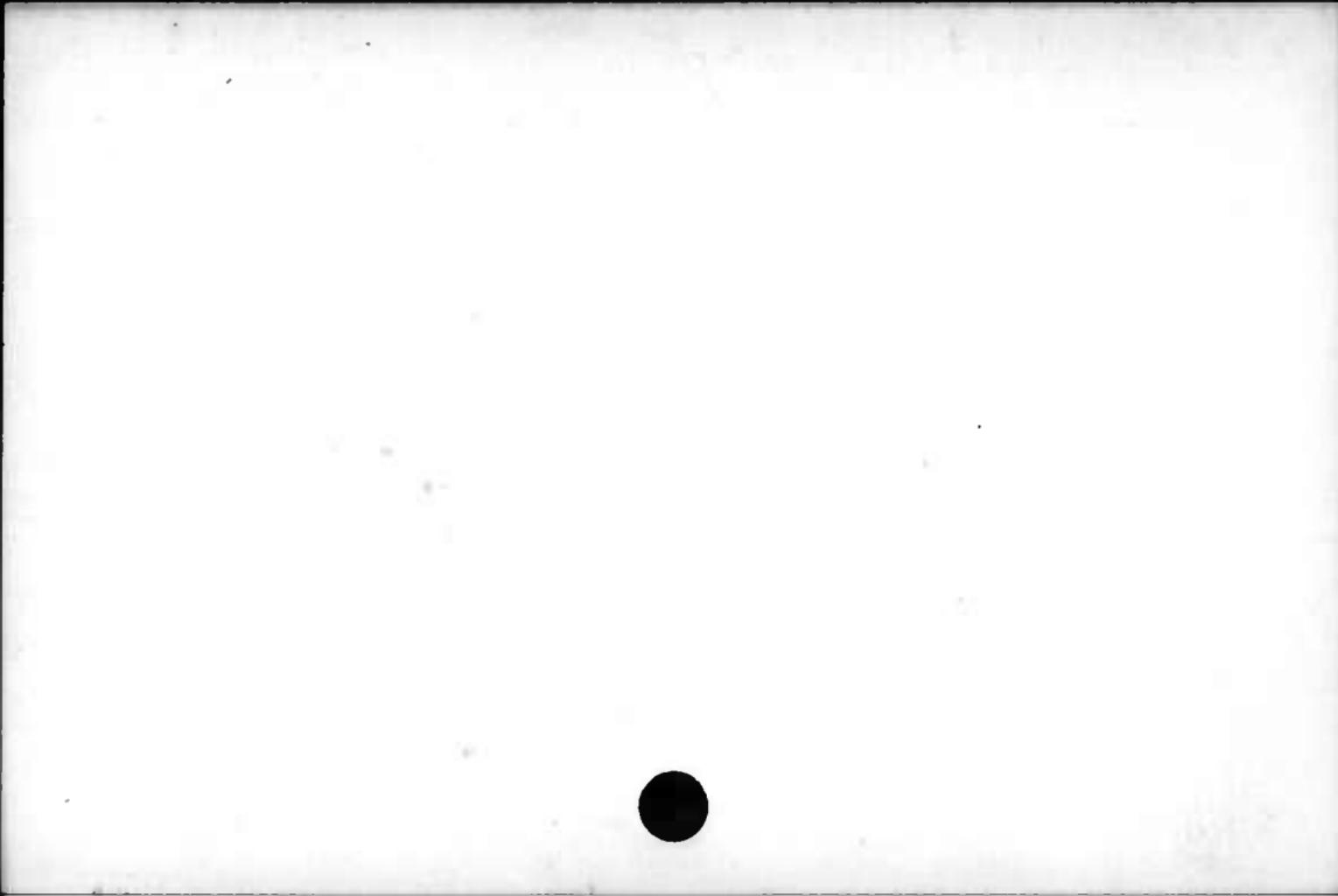
yes

Signature of Physician

Address

Dr. B. Thornton Jr.
50. Balt. Md.

Accident or Suicide



Name
in
Full

Gertrude Glendon Bowen Moore

CERTIFICATE OF DEATH

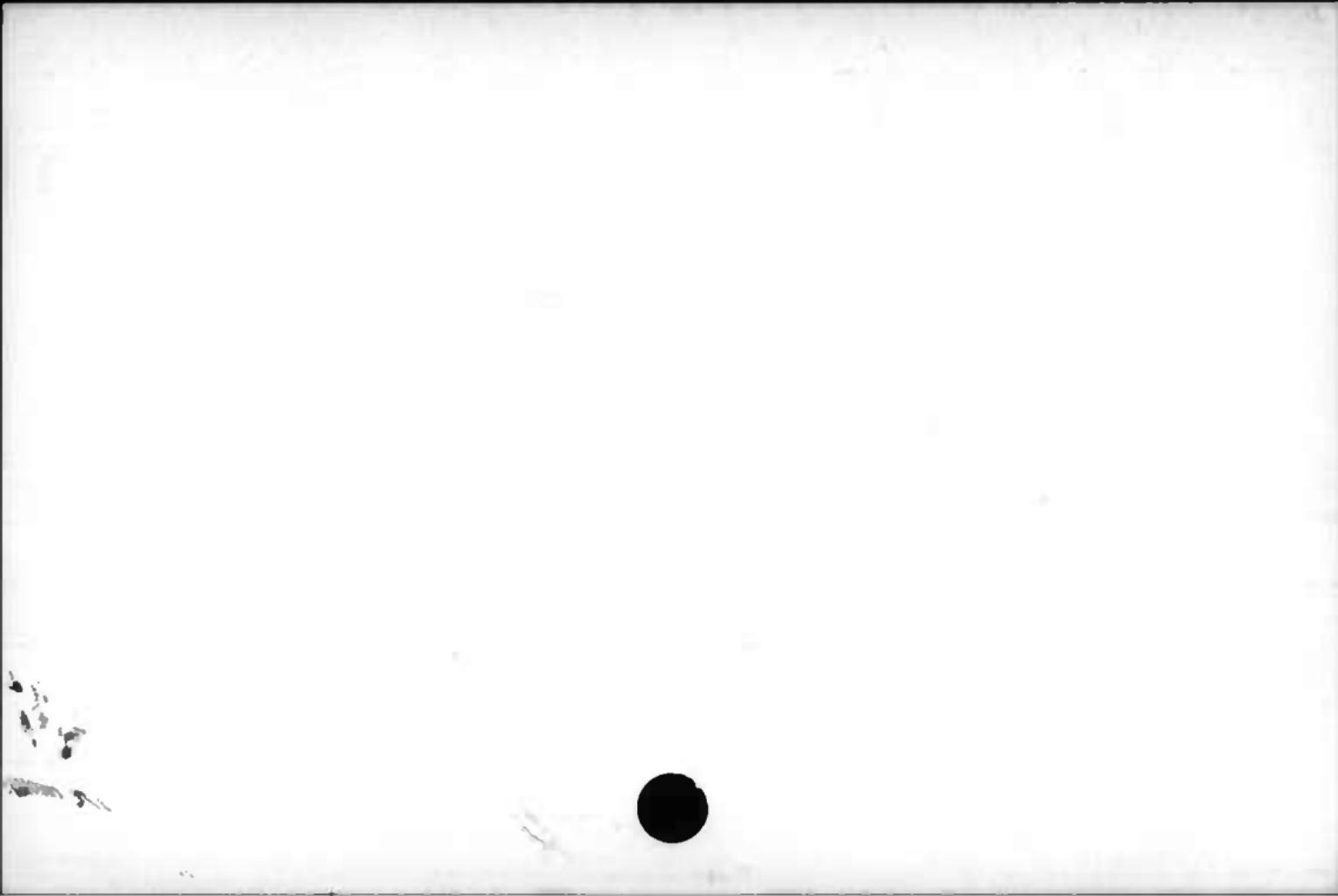
To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birth-place		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Charles W. Moore			Father's Birthplace	Montgomery Co. Md.
Mother's Maiden Name	Gertrude Glendon Bowen			Mother's Birthplace	Calvert Co. Md.
Name of person giving information	Charles W. Moore			How related to deceased	Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pertussis	8	How long	18 days -	
Immediate	Cerebral Hemorrhage		How long	24 hours -	
Are the name, age, sex, color, date and place correctly given above?		Yes -	Signature of Physician	Jno. M. Hayes M.D.	
			Addres	Rewell's P.O. Cal Co. Md.	
Accident or Suicide?					



Name
in
Full

Thomas Stevn Moran

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months Days
Sex	Color or Race	Age		
Occupation	Where Residing if not at place of death			
Married, <input checked="" type="checkbox"/>	Name of Wife or H.		Mary A. Moran	
Father's Name	John Moran		Father's Birthplace	Ireland
Mother's Maiden Name	Eliza Clark		Mother's Birthplace	Ireland
Name of person giving information	Mary A. Moran		How related to deceased	Wife

PHYSICIAN
OR CORONER

CAUSES OF DEATH

Primary

Cerebral hemorrhage

by

How long

.

Immediate

Paralysis

How long

1 days

Are the name, age, sex, color, date and place correctly given above?

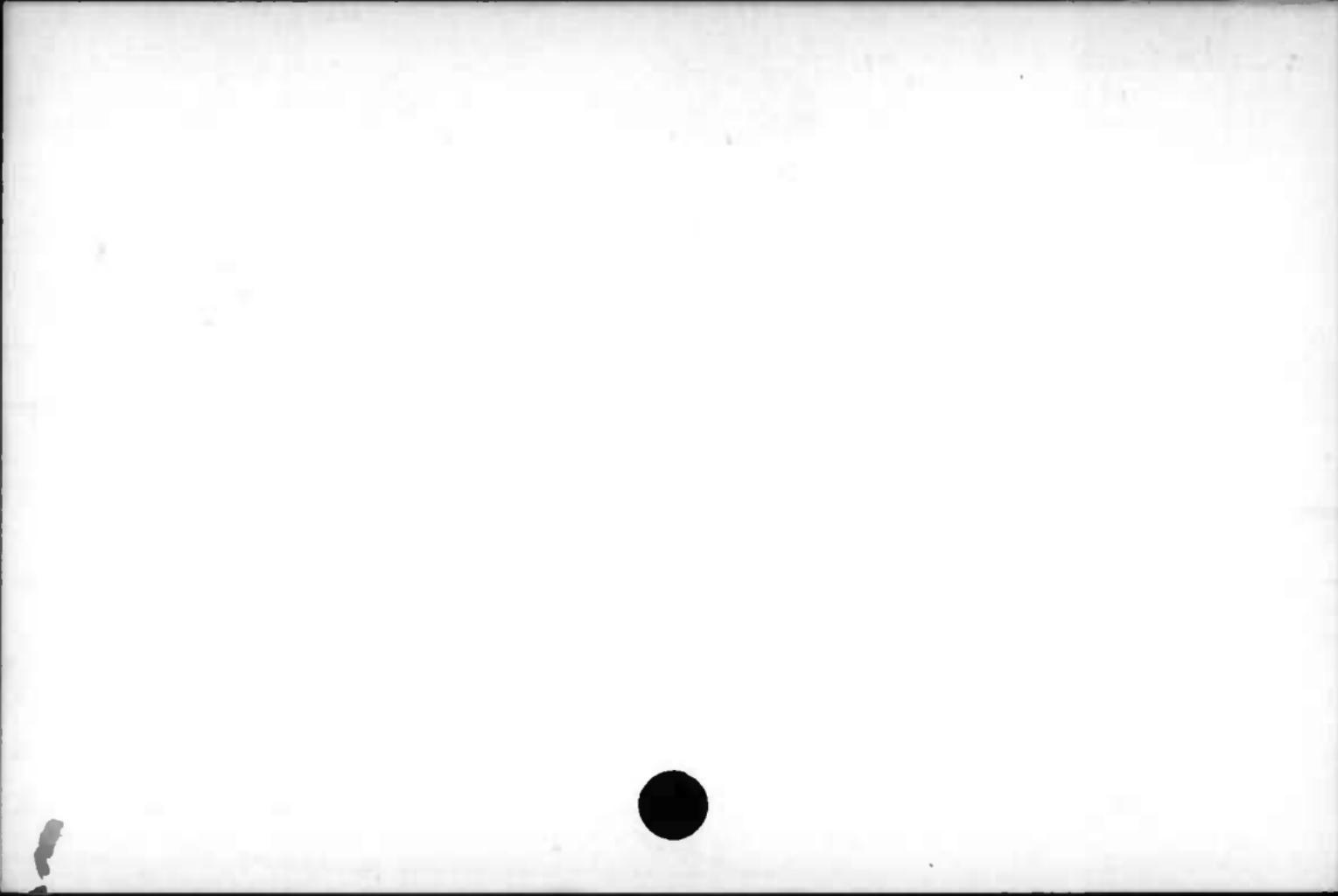
yes

Signature of Physician

Address

Dr. B. Norton, M.D.
So. Balto, Md.

Accident or Suicide?



Name
in
Full

Madeline B. O'Connell

CERTIFICATE OF DEATH

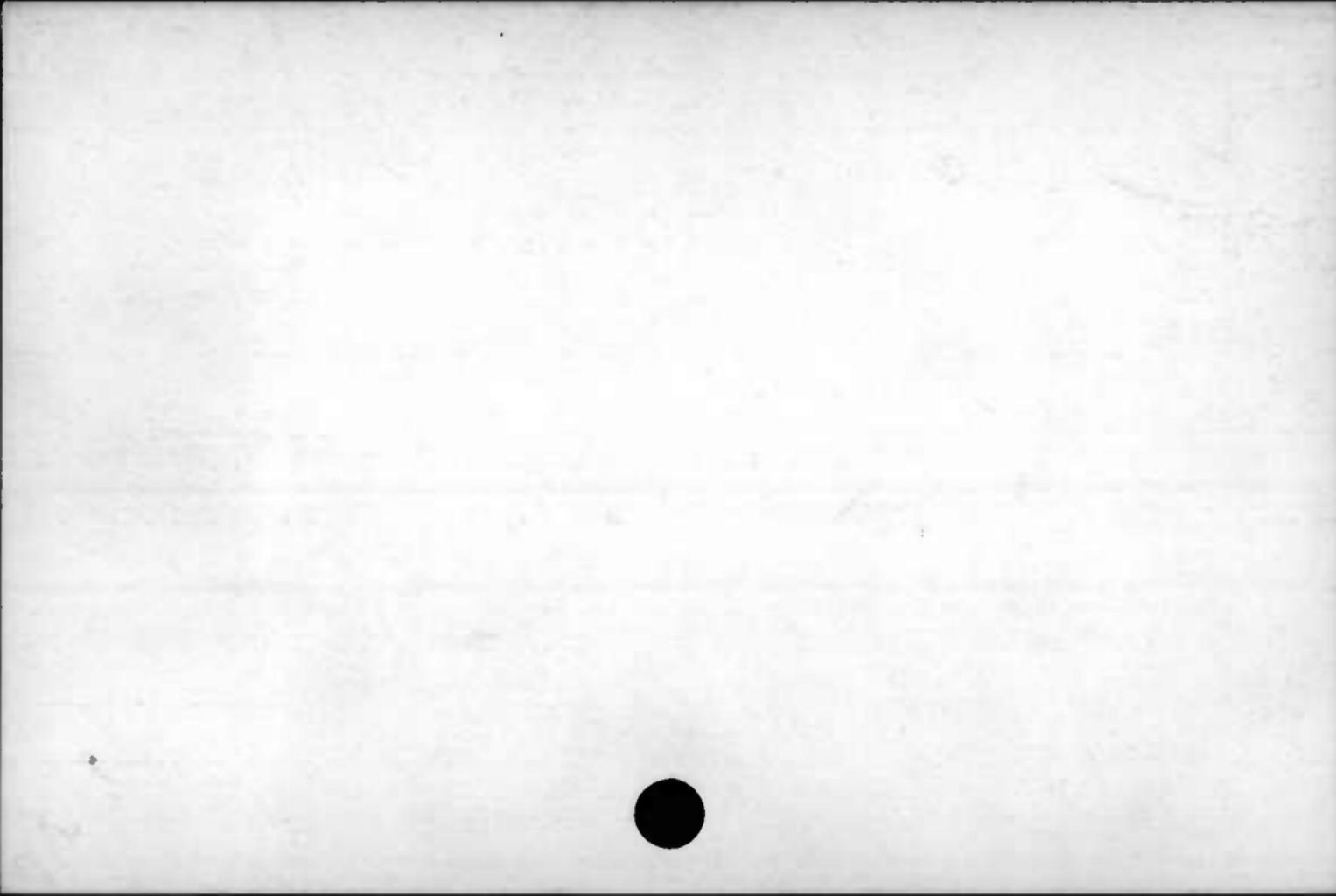
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County		MARYLAND	
Date of death 1903	Month 8	Day 5-	Age	Months 4	Days
Sex Female	Color or Race	White		Birth-place	
Married, Single or Widowed	Occupation				
Name of Wife or Husband					
Father's Name	Daniel O'Connell		Father's Birthplace	Ireland	
Mother's Maiden Name	Carrie Bentley.		Mother's Birthplace	Baltimore	
Name of person giving information	Carrie O'Connell.		How related to deceased	Mother	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Malaria	How long	105 weeks
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	J. J. Murphy.	
	Address	Annapolis Md	
Accident or Suicide?			



Name
in
Full

Laura Peters

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County				
Date of death 1903	Month 8	Day 17	Age	Years	Months	Days
Sex Female	Color or Race	Occupation Colored.			Birth-place	Annapolis
Married, Single or Widowed						
Name of Wife or Husband						
Father's Name	Laura Peters			Father's Birthplace	RA Co.	
Mother's Maiden Name	Lucie Peters			Mother's Birthplace	Pittsburgh Pa.	
Name of person giving Information	John Peters			How related to deceased	Son	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Dentition

61

How long

One week

Immediate

Meningitis

How long

Are the name, age, sex, color, date
and place correctly given above?

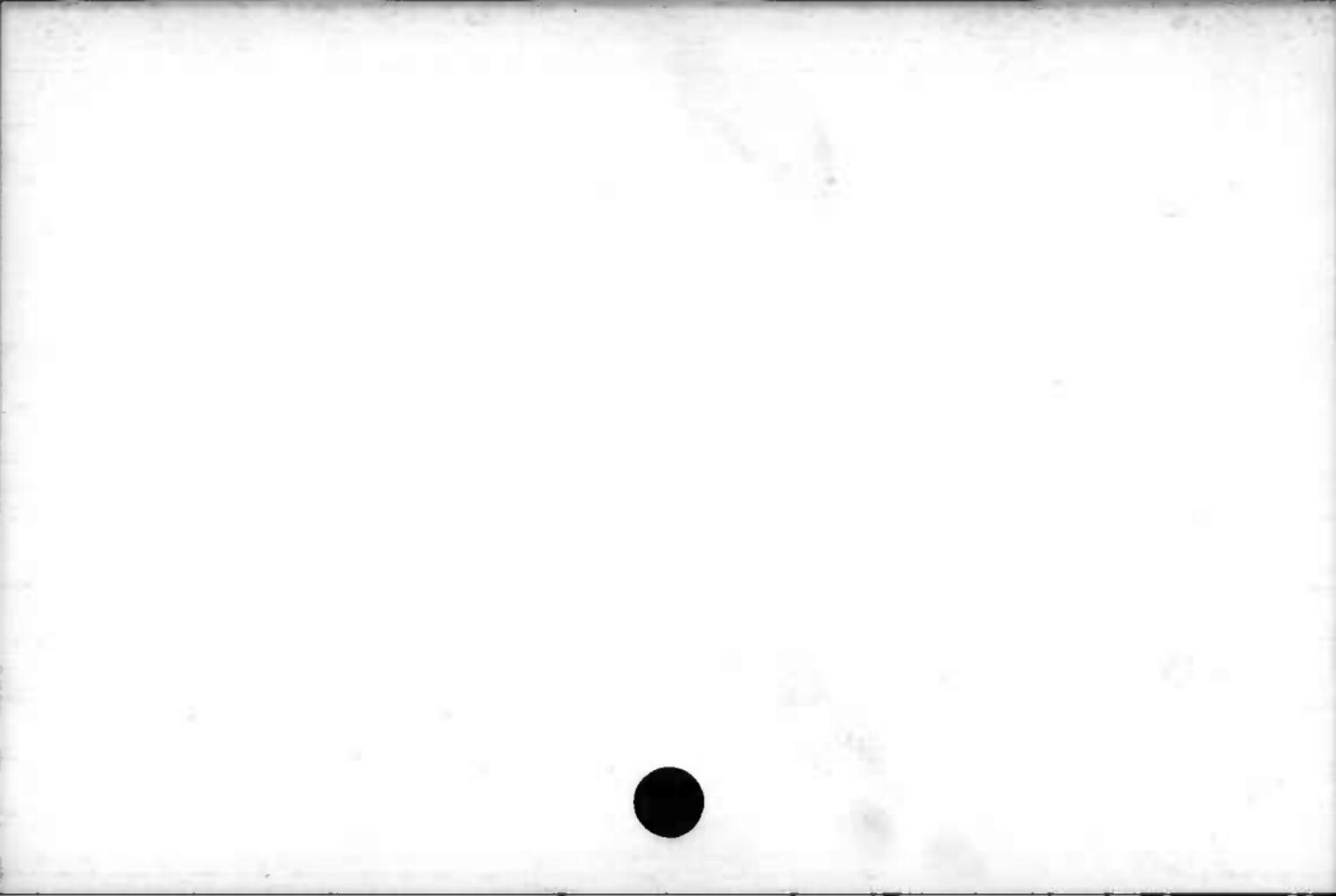
Signature of
Physician

Address

yes

John Riddont M.D.
Annapolis
Md.

Accident or Suicide?



Name
in
Full

Maggie Ridney

CERTIFICATE OF DEATH

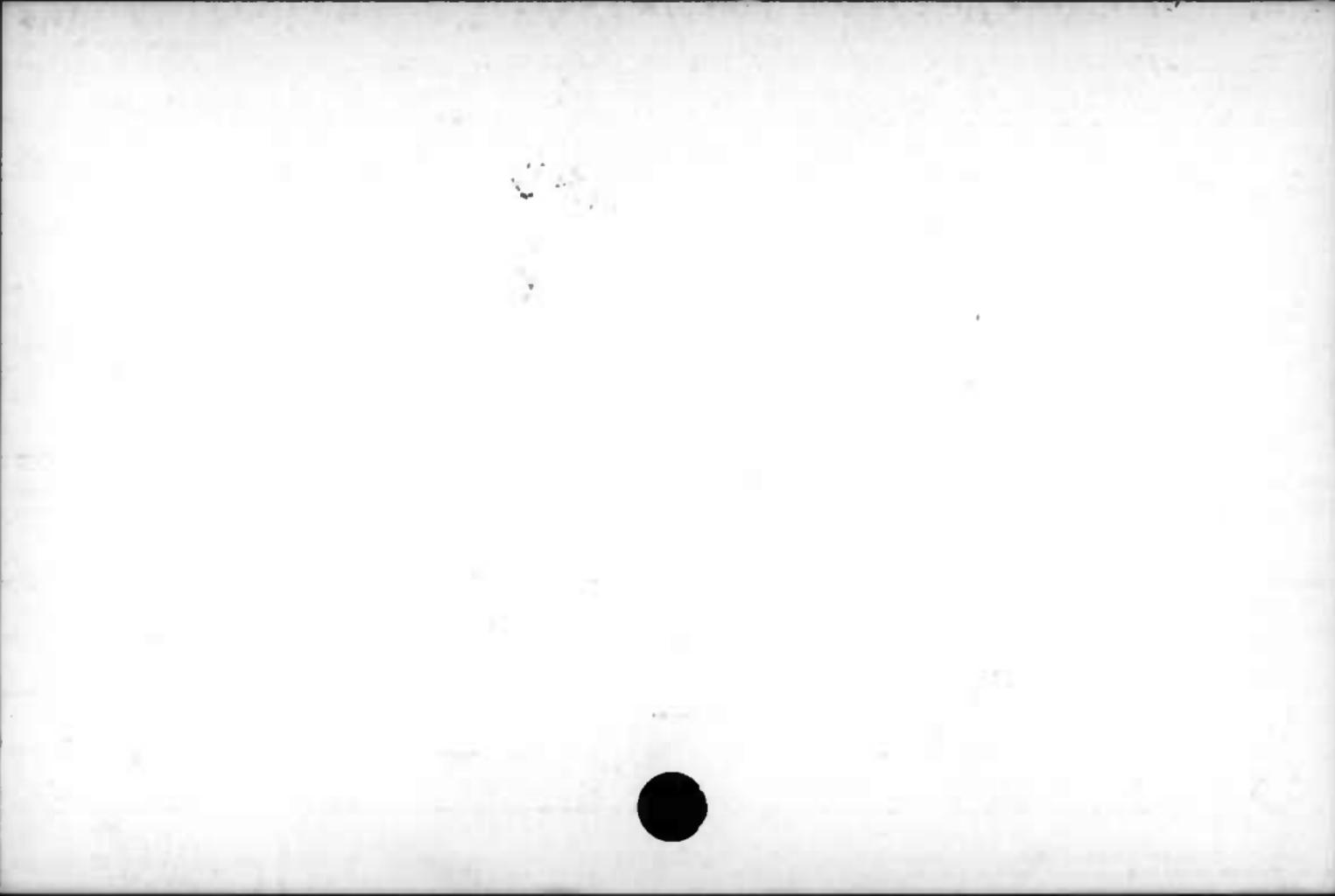
To BE ANSWERED BY
NEAREST FRIEND

Town Died at Annapolis	County Anne Arundel	MARYLAND		
Date of death 1903	Month Aug.	Day 5	Years	Months 5
Age	Color or Race Fernalee	Occupation Singer	Birth- place Annapolis	Days 15
Married, Single or Widowed				
Name of Wife or Husband				
Father's Name Victor Ridney	Father's Birthplace Annapolis			
Mother's Maiden Name Hattie Smith	Mother's Birthplace Annapolis			
Name of person giving Information Hattie Smith 105	How related to deceased Daughter			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Masasmy's exhaeston	How long Months
Immediate exhaeston	How long
Are the name, age, sex, color, date and place correctly given above? yes	Signature of Physician D. N. E. Campbell, M.D. Address Annapolis Md
Accident or Suicide?	



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

Mary b. Price

Died at	Town	County	CERTIFICATE OF DEATH		
Annapolis		Not			
Date of death 1903	Month	Day	Years	Months	Days
August	25 th		—	1	10
Sex	Color or Race	Occupation	MARYLAND		
Female	Colored				
Married, Single or Widowed			Birth- place	City	

Name of Wife or
Husband

Father's Name Wm Price

Father's
Birthplace

City

Mother's
Maiden Name Lola Tyler

Mother's
Birthplace

City

Name of person giving
Information

Mother 105

How related
to deceased

PHYSICIAN
OR CORONER

Primary

CAUSES OF DEATH

Cholera Infantum How long One week

Asthma

How long

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

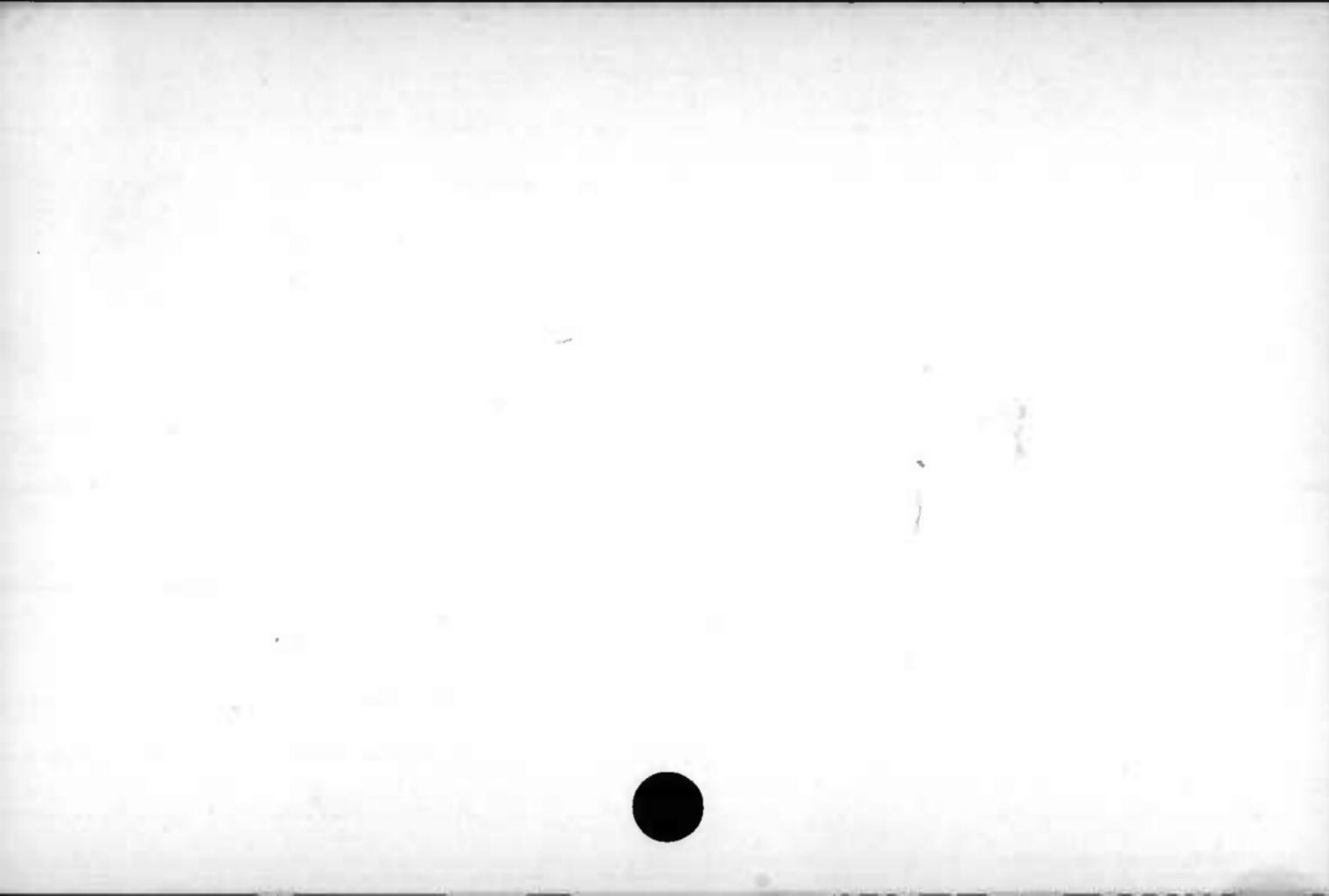
John Ridout M.D.

322

Address

Annapolis
Md.

Accident or Suicide?



Name
in
Full

Cumpfrey

CERTIFICATE OF DEATH

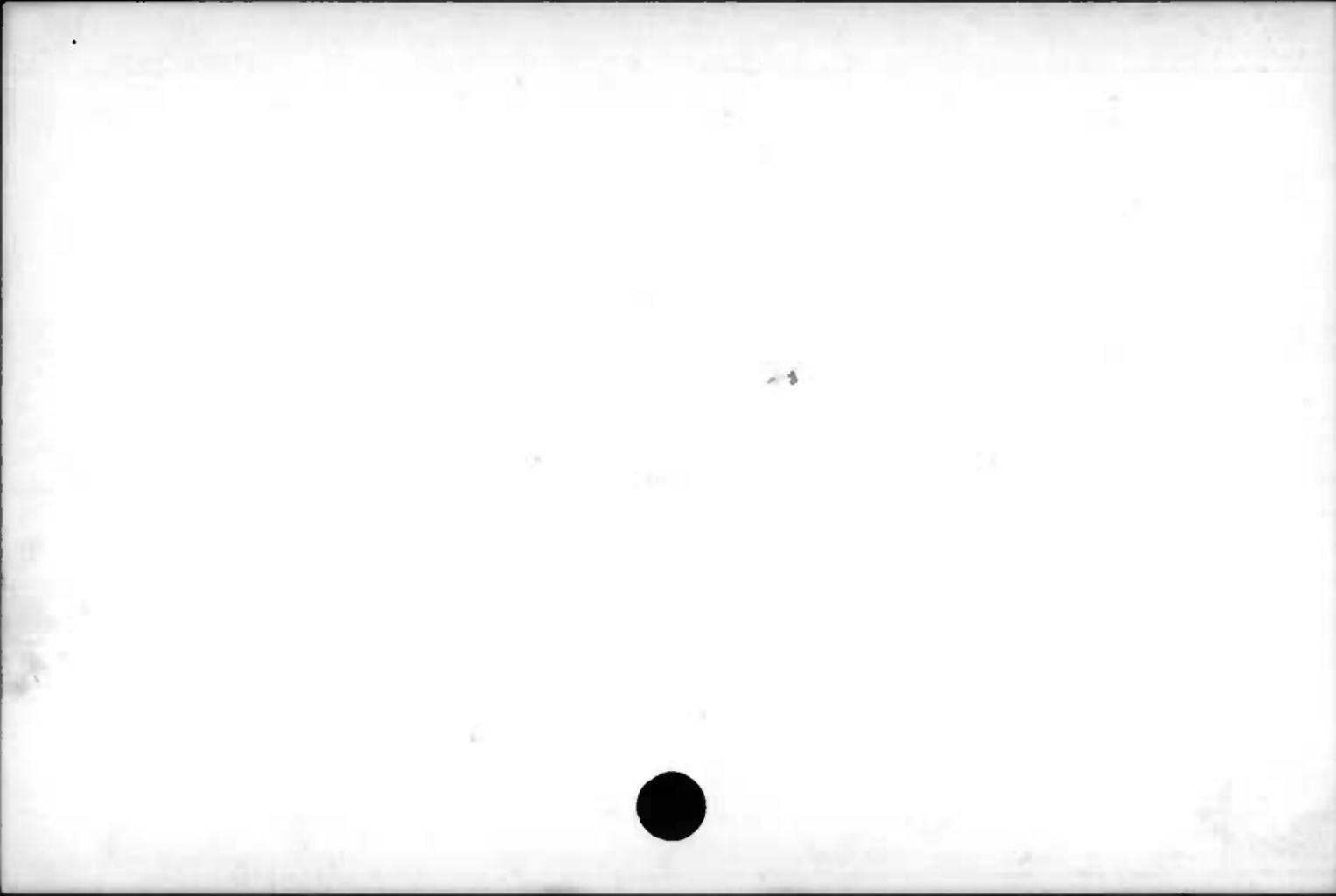
To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	Cumpfrey		County		
Date of death	Month	Day	Age	Years	Months	Days
1903	Aug.	21	4 hrs-			
Sex	Color or Race	Male		White	Birth-place	Baltimore
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	Unknown		Father's Birthplace			
Mother's Maiden Name	Elizabeth Cumpfrey		Mother's Birthplace			
Name of person giving information	Andrew Garrison		How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Premature Birth		15	How long
Immediate				How long
Are the name, age, sex, color, date and place correctly given above?	Yes-		Signature of Physician	G. B. Gandy
			Address	Millersville
Accident or Suicide?	Mo			



Name
in
Full

John N. Rhodes

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Curtis Bay		aa	County	MARYLAND	
Date of death	Month	Day	Years	Months	Days	
1903	Aug.	26	1	+	25	
Sex	Color or Race	Age	Birth- place			
Male	white	1	Md.			
Married, Single, or Widowed	Occupation					
	Single None					
Name of Wife or Husband	Eliza Rhodes					
Father's Name	Lros. R. Rhodes					
Mother's Maiden Name	Agnes Duer					
Name of person givin In formation	Father					
CAUSES OF DEATH						
Primary	Diphtheria			How long	10 days	
Immediate	Convulsions			How long	15 hours	

PHYSICIAN
OR CORONER

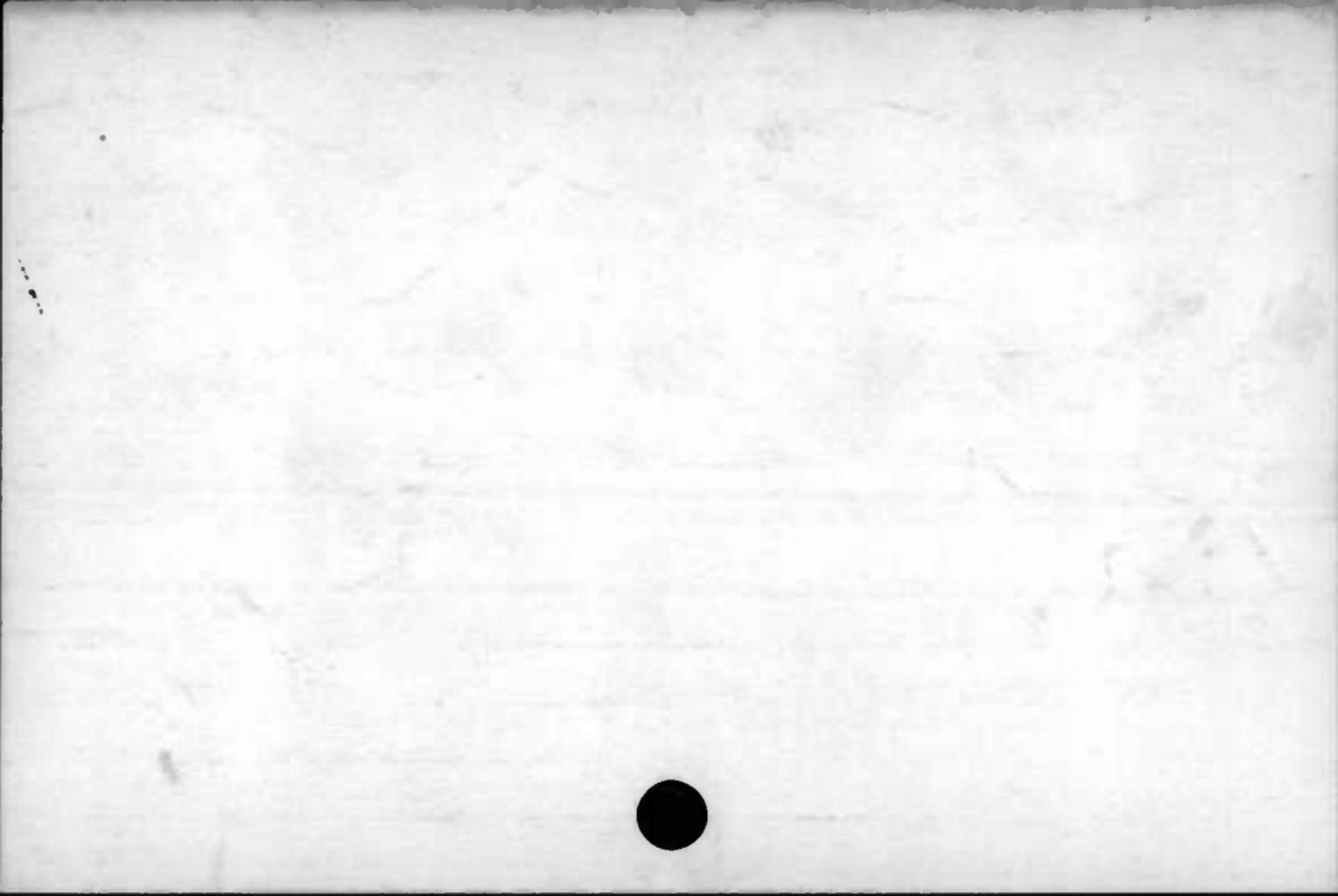
Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

H. H. Gruke M.D.
1228 S. Charles St.

Accident or Suicide?



Name
In
Full

To BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Died at <u>St. Baltimore</u>		Town	<u>A.</u>	County	MARYLAND	
Date of death <u>1903</u>	Month <u>8</u>	Day <u>16</u>	Age <u>—</u>	Years	Months <u>—</u>	Days <u>8</u>
Sex <u>Female</u>	Color or Race <u>White</u>	Occupation		Birth-place <u>St. Baltimore, Md.</u>		
Married, Single or Widowed						
Name of Wife or Husband						
Father's Name	<u>Michael Schultze</u>			Father's Birthplace	<u>Bohemia</u>	
Mother's Maiden Name	<u>Sophia Barfurek</u>			Mother's Birthplace	<u>Bohemia</u>	
Name of person giving information	<u>Michael Schultze</u>			How related to deceased	<u>Father</u>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Infantile Convulsions71

How long

Immediate

4 hours

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

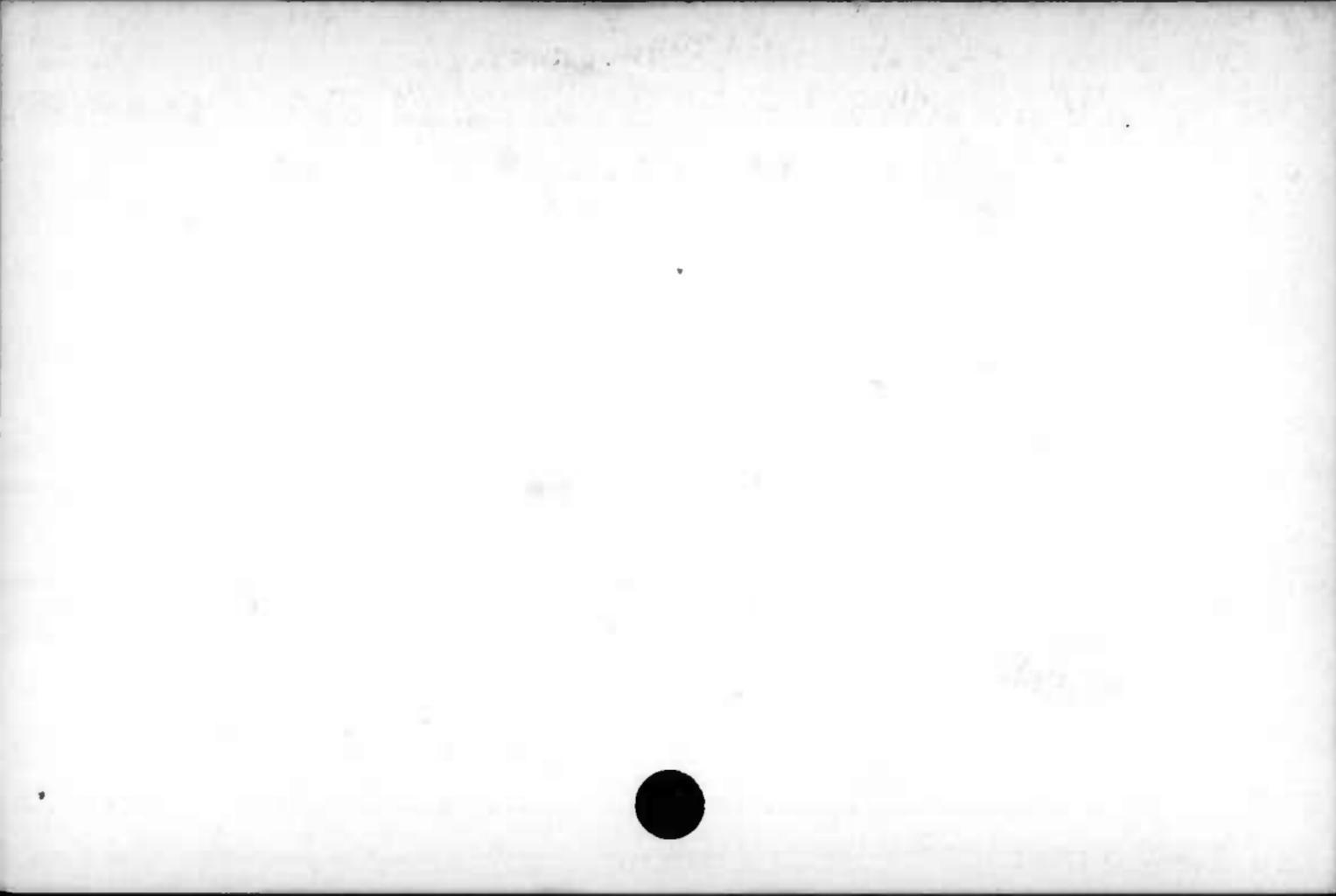
John P. Horton, M.D.

Address

St. Baltimore, Md.

Accident or Suicide?

No



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Hegelless Simmons

CERTIFICATE OF DEATH

MARYLAND

Died at Annapolis, Town County
Date of death 1903 Month Day Years Months Days
Age 71 2 3 3
Sex Female Color or Race Colored Birth-place City
Occupation

Married, Single
or Widowed

Name of Wife or Husband
Father's Name Robert Simmons Father's Birthplace Adhd.
Mother's Maiden Name Mary Simmons Mother's Birthplace St of WV.
Name of person giving Information

Primary

CAUSES OF DEATH

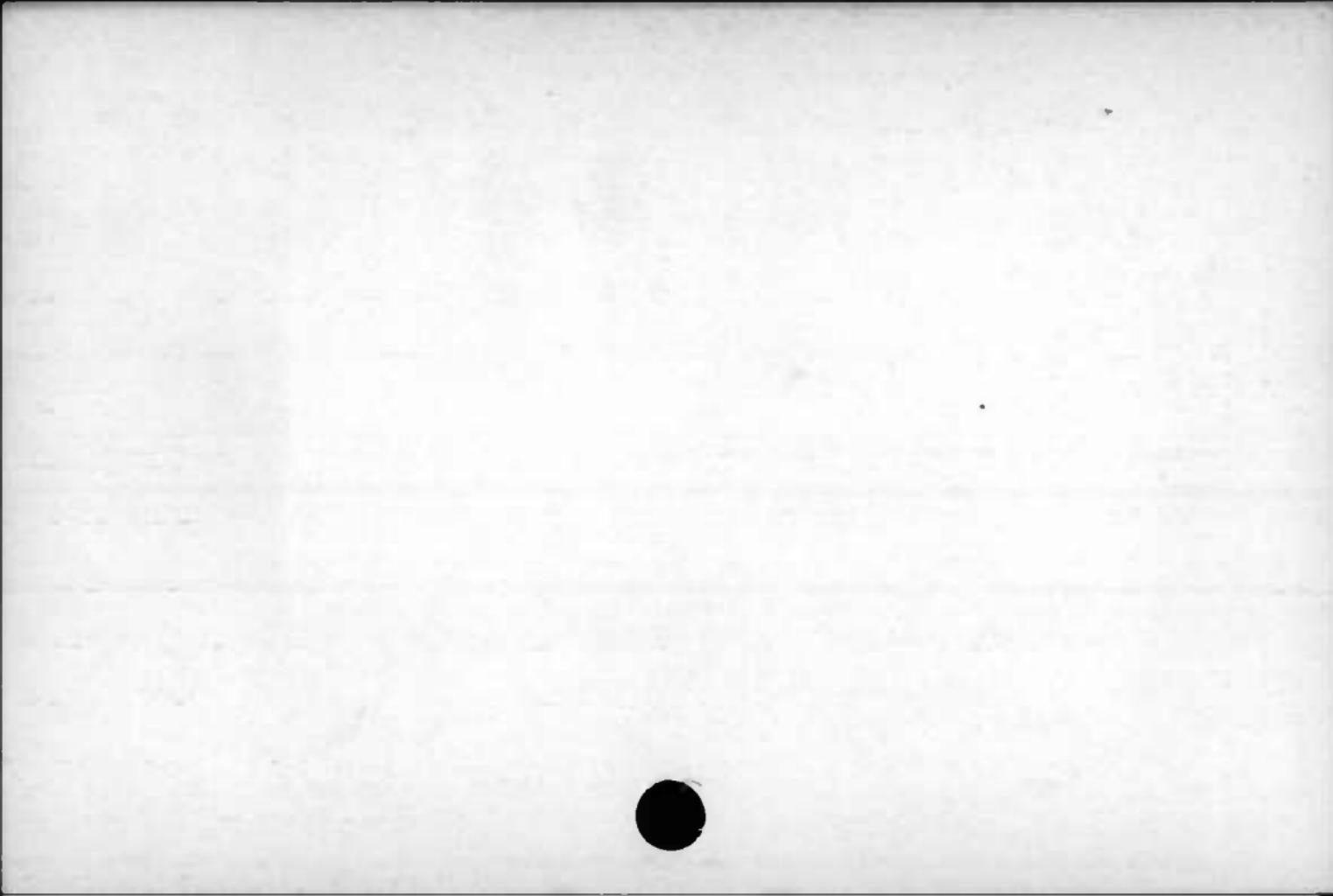
Immediate

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

Accident or Suicide?



Name
in
Full

James Smiley

CERTIFICATE OF DEATH

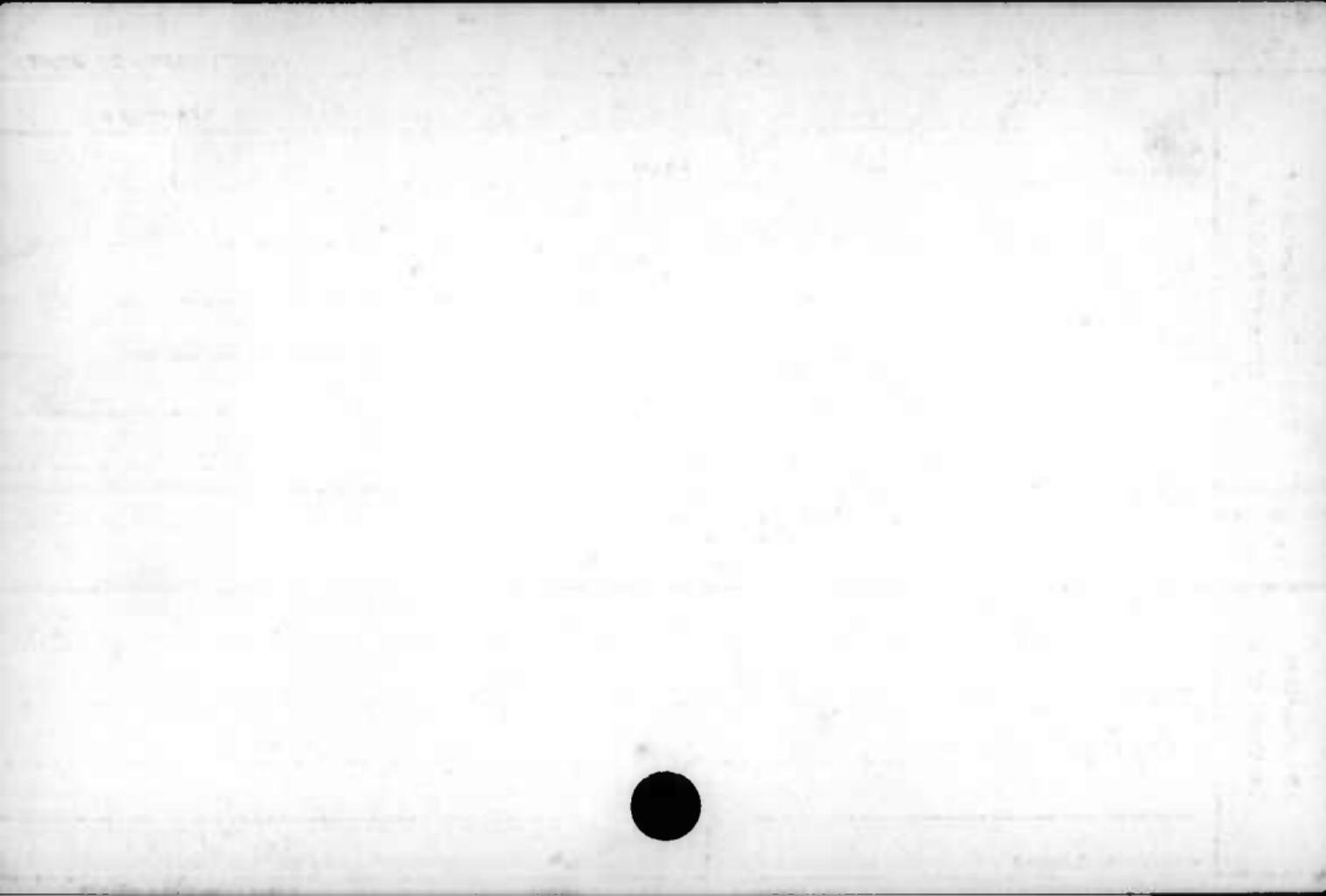
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County			
Annapolis		Anne Arundel			
Date of death 1903	Month Aug.	Day 18 th	Years 58	Months 4	Days 23
Sex Male	Color or Race White	Birth-place Md.			
Married, Single or Widowed Married	Occupation Tinner				
Name of Wife - Emma V. Smiley					
Father's Name Robert Smiley	Father's Birthplace _____				
Mother's Maiden Name Margaret Welch	Mother's Birthplace _____				
Name of person giving information Mrs. Ondell	How related to deceased Daughter				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pulmonary Tuberculosis	How long	14 mos.
Immediate	Exhaustion	How long	27
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Lowell S. Alpham, M.D.
		Address	Annapolis, Md.
<i>R. S. Sulcato</i>			



Name
in
Full

Daniel S. Steigelmur

CERTIFICATE OF DEATH

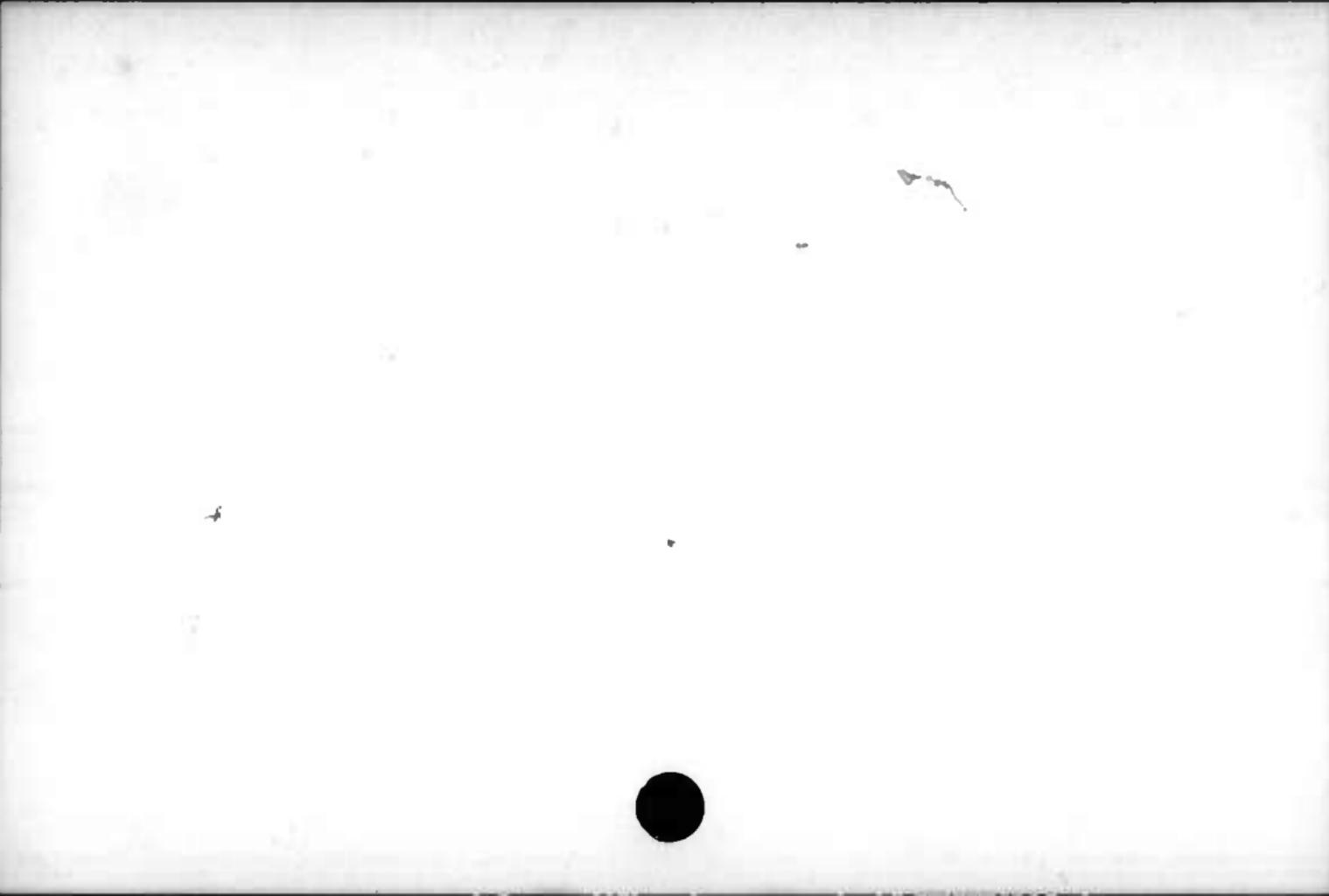
To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	1903	Month Aug.	Day 29	Years 44	Months	Days	
Sex	Male	Color or Race	White		Birth-place	Annapolis Md.	
Occupation	Carpenter	Where Residing if not at place of death			Baltimore		
Married, <u>Yes</u> or Widowed	Name of Wife or Husband		Isobelle Coleman		Father's Birthplace	Md.	
Father's Name	Frank Steigelmur				Mother's Birthplace	"	
Mother's Maiden Name	Sarah Lamb-				How related to deceased	Brother "Lion"	
Name of person giving information	John R. Kice						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Phthisis	27	How long	one year
Immediate	Exhaustion		How long	
Are the name, age, sex, color, date and place correctly given above?		Yes.	Signature of Physician	A. B. Gantz
			Address	Millersville Md.
Accident or Suicide?				



Name
in
Full

CERTIFICATE OF DEATH

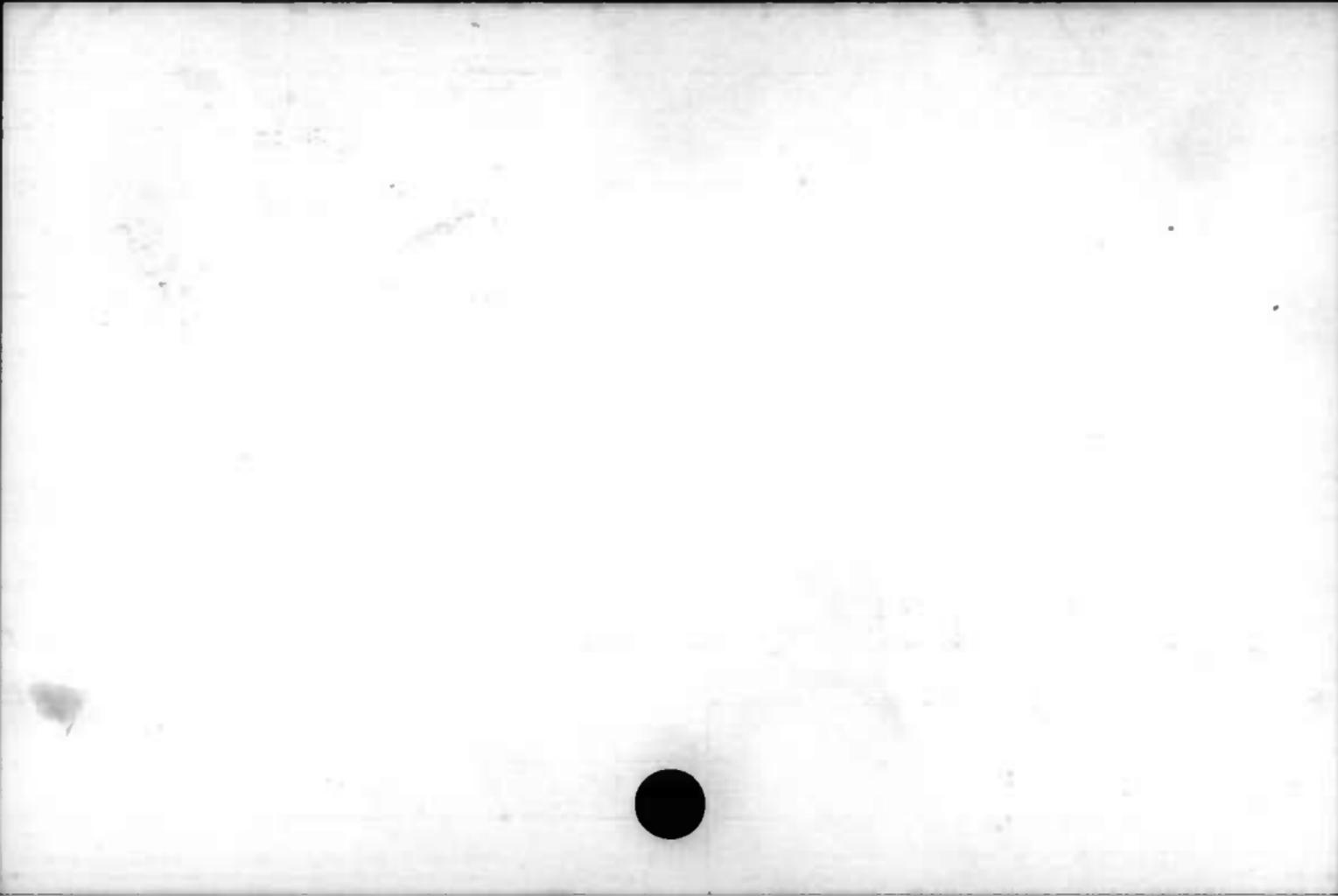
To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County		MARYLAND	
Date of death 1903	Month 8	Day 17	Age	Years	Months
Sex Male	Color or Race	White		Birth-place	Annapolis
Married, Single or Widowed	Occupation				
Name of Wife or Husband					
Father's Name	James Thigpen		Father's Birthplace	Annapolis	
Mother's Maiden Name	Isabella Russell		Mother's Birthplace	Annapolis	
Name of person giving information	Frank D. Miller		How related to deceased	Niece	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Still Born	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	
Yes No.	Address	Geo Wells, Annapolis Md.
Accident or Suicide?		



Name
in
Full

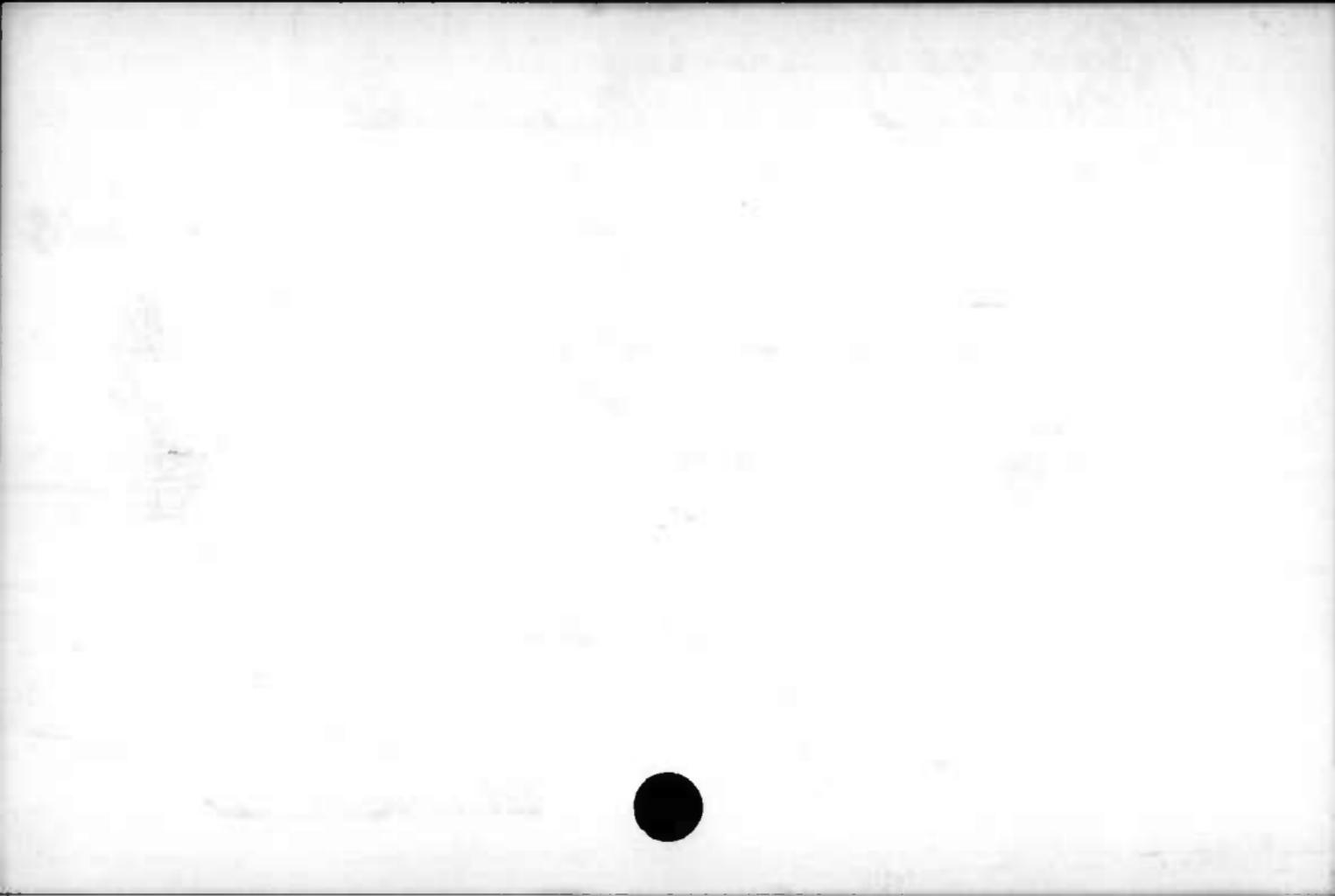
To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

for Szymanski'					CERTIFICATE OF DEATH		
Died at	Town	County					
Date of death	Month	Day	Years	Months	Days		
1903	Aug	21	1				
Sex	Color or Race	Birth-place					
male	white	Ballo. Md					
Occupation	Where Residing if not at place of death						
Married, Single or Widowed	Name of Wife or Husband						
Father's Name	Frank Szymanski		Father's Birthplace	Europe			
Mother's Maiden Name	Lizzie Materszykowska		Mother's Birthplace	Europe			
Name of person giving information	Lizzie Szymanski		How related to deceased	Mother			

CAUSES OF DEATH

Primary	Cholera Infantum-	How long	Only seen
Immediate	105	How long	once
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Thomas B. Norton M.D.
		Address	So. Ballo. Md.
Accident or Suicide?			



Name
in
Full

Mary G Taylor

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1903	Month	Day	Years	Months	Days
August 18 th			Age	9	18
Sex Female	Color or Race	Occupation colored			
Married, Single or Widowed					
Name of Wife or Husband					
Father's Name	Joseph Taylor			Father's Birthplace	At 60
Mother's Maiden Name	Anna Taylor			Mother's Birthplace	At 60.
Name of person giving Information	Gatter			How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Tuberculosis	How long	Months
Immediate	Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	g. t. Adams	
Yes	Address	Undertaker Annapolis Md -	
Accident or Suicide?			



Name
in
Full

Effie Thomas

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

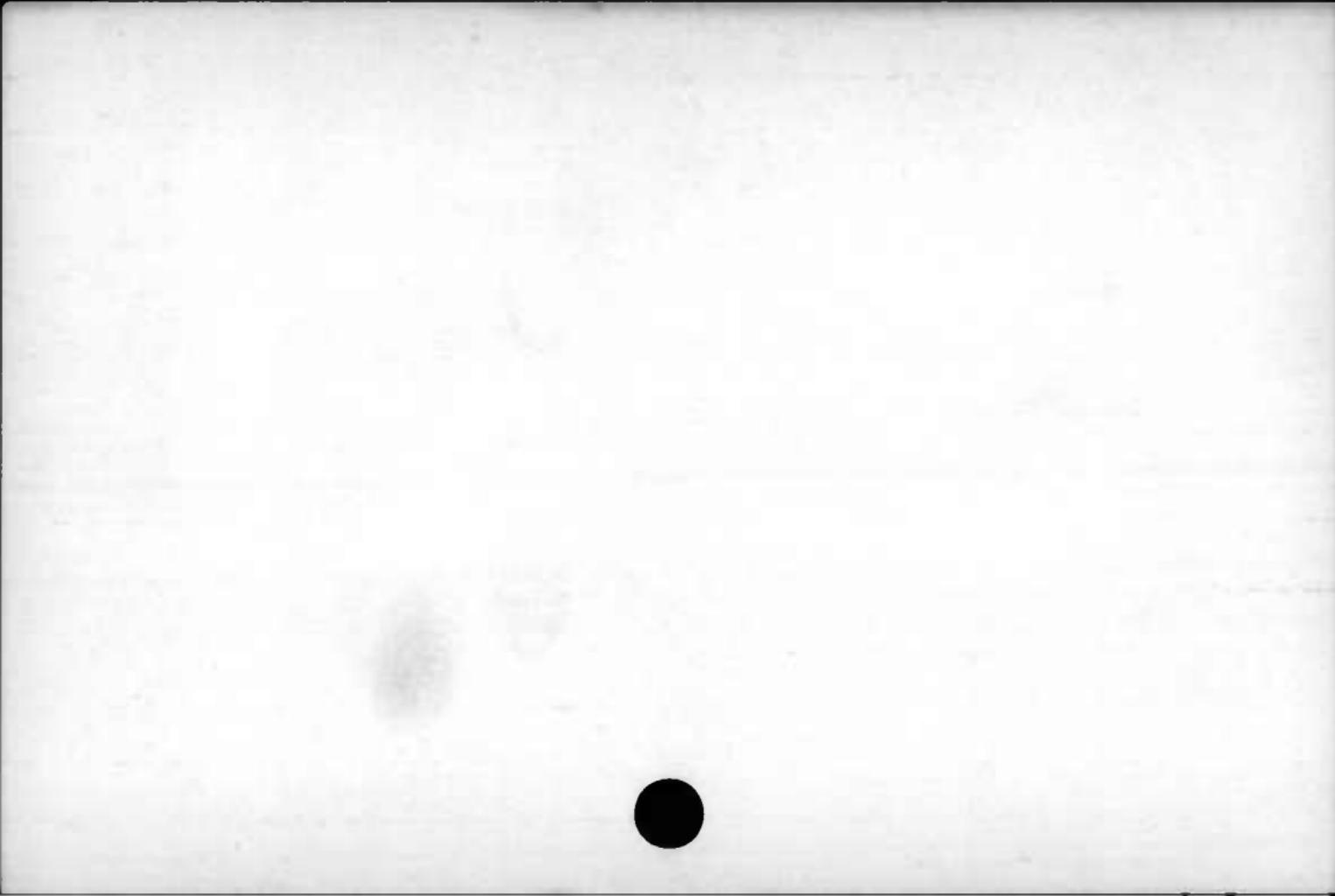
Died at	Town <u>Churchton</u>	County <u>A. C.</u>	MARYLAND
Date of death 1903	Month <u>Aug</u>	Day <u>12</u>	Years <u>5</u>
Sex <u>Female</u>	Color or Race <u>colored</u>	Occupation <u>Single</u>	Birth- place <u>A. A. Co., Md</u>
Married, Single or Widowed			
Name of Wife or Husband	<u>—</u>		
Father's Name <u>Vergiel Thomas</u>	Father's Birthplace <u>Md</u>		
Mother's Maiden Name <u>Ida Estep</u>	Mother's Birthplace <u>Md</u>		
Name of person giving Information <u>Harry Estep</u>	How related to deceased <u>Uncle</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Pulmonary Tuberculosis of</u>	How long <u>7 mos</u>
Immediate <u>Exhalation</u>	How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes.</u>	Signature of Physician <u>Geo. T. Denk M.D.</u>
	Address <u>Churchton Md</u>

Accident or Suicide?



Name
in
Full

Frances E Turner

CERTIFICATE OF DEATH

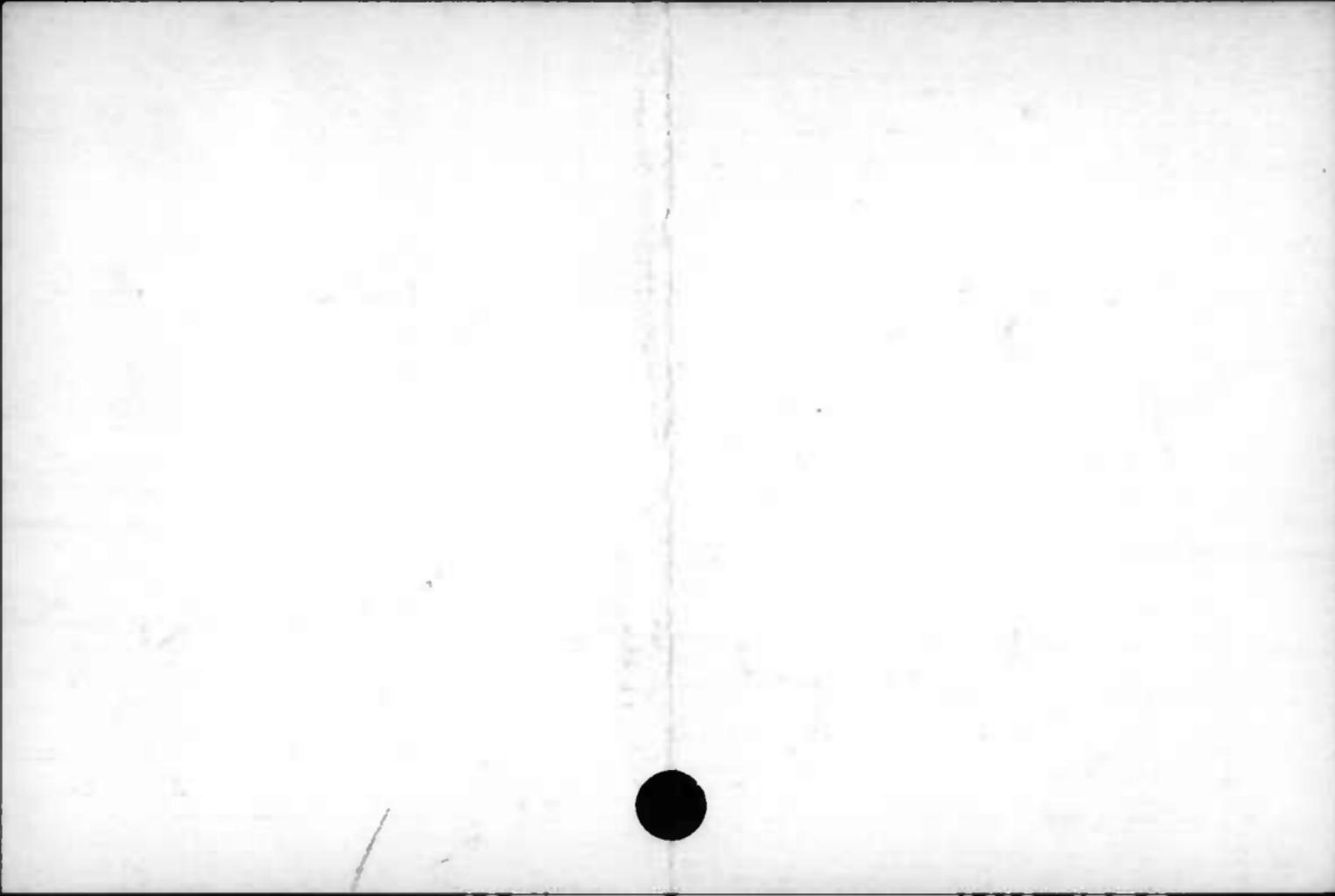
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town		County		MARYLAND	
Date of death 1903	Month Aug	Day 19	Age 63	Years 2	Months	Days
Sex Female	Color or Race white	Occupation housewife		Birth-place Anne Arundel Co		
Married, Single or Widowed Widow						
Name of Wife or Husband Dennis Humphrey M Turner						
Father's Name Dennis Marfield			Father's Birthplace AA Co			
Mother's Maiden Name Elizabeth Gaskell			Mother's Birthplace AA Co			
Name of person giving Information Ursula Ford			How related to deceased daughter			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Carcinoma of Stomach	How long 2 years
Immediate Heart failure	How long —
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician Thomas H Brayslaw
	Address Glen Burnie
Accident or Suicide?	



Name
in
Full

Liam. Wolford

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County			
Died at		East Port.	Anne Arundel		MARYLAND	
Date of death 1903	Month	Day	Years	Months	Days	
Sex Female	Color or Race	Age	6			
Married, Single or Widowed	Occupation					
Single						
Name of Wife or Husband						
Father's Name	John B. Wolford			Father's Birthplace	Dauchert Md	
Mother's Maiden Name	Marg. Parrish.			Mother's Birthplace	2 ^d a.a.co.	
Name of person giving information	John B. Parrish			How related to deceased	Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Gastric Irritation

How long

1 week.

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes.

Signature of Physician

[Redacted]

Address
159 Jefferson
Edgewater, Md

Accident or Suicide?

Dr Murphy -